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CITY OF SHEFFIELD
EDUCATION COMMITTEE



SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1964

[FIFTY-SEVENTH YEAR]

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The Right Reverend Monsignor J. DINN, D.D., Ph.D. (Died 29-9-64)

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Senior School Medical Officer
E. GWENDOLINE M. OATES, M.D., M.R.C.S., L.R.C.P.



Full-time School Medical Officers

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(to 29-2-64)

DORIS E. MORTON, B.A., M.B., B.Ch., B.A.O., L.M.
EITHNE M. SWALLOW, B.A., M.B., B.Ch., B.A.O.

Part time School Medical Officers

*DOREEN C. B. COLVER, M.B., Ch.B., D.C.H.
*HELEN ESSENHIGH, M.B., Ch.B.
*CHARLES O. GREER, B.A., M.B., B.Ch., B.A.O.

*DAVIDA M. MARLOW, M.R.C.S., L.R.C.P. (from
3-4-64)
*JOAN SUTTON, B.A., M.B., B.Chir., L.R.C.P.,
M.R.C.S. (from 22-4-64)

School Medical Officers also serving in the Public Health Service

KATHERINE S. P. HILL, B.A., M.B., B.Ch., B.A.O. MARY B. VINCENT, B.A., M.B., B.Ch., B.A.O., C.P.H.
ETHEL SKERRITT, M.D., M.R.C.S.,
L.R.C.P., D.P.H.

Joint appointments to School Health and Public Health Services

ROLAND E. BROWNE, M.R.C.S., L.R.C.P., D.P.H.	ANNA M. McCARTHY, M.B., Ch.B.
HARRIET G. DORNAN, M.B., Ch.B., B.A.O., D.R.C.O.G.	CHARLES R. OYLER, M.R.C.S., L.R.C.P.
CHRISTINA F. J. DUCKSBURY, M.B., Ch.B., D.P.H.	KANWAL C. PASI, M.B., B.S.

Specialist Officers

Ophthalmic Section	†*MALCOLM FERGUSON, M.B., B.S., D.O.M.S.
Ear, Nose and Throat Section	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
Orthopaedic Section	†*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.
Rheumatism and Heart Disease	†*JOHN LORBER, M.D., M.R.C.P.
Orthodontic Section	*(VACANCY)

Orthoptists

†*Mrs. MARGARET J. HOOLE, D.B.O. †*Miss JENNIFER A. SMITH, D.B.O.
†*Miss PENELOPE WATSON, D.B.O.

Full-time School Nursing Sisters

Miss ELSIE DENT, S.R.N., S.C.M., H.V.Cert. (Chief School Nursing Sister)	
Mrs. MARY ANDERSON, S.R.N., S.R.C.N.	Mrs. VERA C. M. JAMES, S.R.N.
Miss PHYLLIS M. ARTHUR, S.R.N.	Mrs. CONSTANCE E. JONES, S.R.N. C.M.B. (Part I)
Mrs. OLIVE A. ASHTON, S.R.N., S.C.M.	Mrs. JAQUELINE S. KIRKBY, S.R.N.
Mrs. DOREEN ATKINSON, S.R.N.	Miss CONSTANCE M. LAMBERT, S.R.N., S.C.M.
Mrs. MARJORIE BARNSLEY, S.R.N., S.C.M.	Mrs. JOYCE LEACH, S.R.N.
Mrs. ELIZABETH BATES, S.R.N., R.F.N., C.M.B. (Part I)	Mrs. LILIAN LIVERSIDGE, S.R.N., T.A. & Orth. Certs.
Mrs. GRACE E. BROWN, S.R.N., S.C.M.	Mrs. LOIS McCALLUM, S.R.N., S.C.M., R.F.N., H.V.Cert. (from 4-5-64)
Mrs. JOYCE C. COGGINS, S.R.N.	Mrs. MARGARET MACDOUGALL, S.R.N., C.M.B. (Part I)
Miss RENE COOPER, S.R.N.	Mrs. EVELYN NOBLE, S.R.N.
Mrs. ELSIE M. COX, S.R.N., S.C.M.	Miss VALERIE RAINBIRD, S.R.N., Q.I.D.N., (from 8-9-64)
Mrs. DOOREEN DEVEY, S.R.N., C.M.B. (Part I) (from 1-5-63)	Mrs. GRACE RICHMOND, S.R.N.
Miss EDITH DONCASTER, S.R.N.	Miss AUDREY E. SALVIN, S.R.N., S.C.M. H.V.Cert.
Miss BETTY DRIVER, S.R.N., S.C.M.	Mrs. BRENDA SHEPHERD, S.R.N.
Mrs. IVY HIBBERT, S.R.N., S.C.M.	Miss GRACE STANIFORTH, S.R.N., S.C.M.
Miss MARGARET HILTON, S.R.N., R.F.N., C.M.B. (Part I)	Mrs. JEAN A. THOMPSON, S.R.N. (from 1-6-64)
Miss CLARICE HOBSON, S.R.N., R.F.N., S.C.M.	
Miss JEAN HOYLAND, S.R.N., R.S.C.N. (from 1-6-64)	

Health Visitors also serving in the School Health Service

Mrs. NINA BARTON, S.R.N., S.C.M., H.V.Cert. (to 16-5-64)	Miss MARY I. PHILLIPS, S.R.N., S.C.M., H.V.Cert. (to 25-4-64)
Miss BARBARA BRAMWELL, S.R.N., S.C.M., H.V.Cert. (to 27-6-64)	Miss RUTH POULES, S.R.N., C.M.B. (Part I), H.V.Cert. (to 27-6-64)
Mrs. PATRICIA CLIFFE, S.R.N., S.C.M., H.V.Cert.	Miss MARGARET WALKER, S.R.N., S.C.M., H.V.Cert. (to 20-6-64)
Miss E. MEGAN EDWARDS, S.R.N., S.C.M., H.V.Cert. (to 11-7-64)	Miss SYLVIA M. WILLIAMSON, S.R.N., C.M.B. (Part I), H.V.Cert.
Mrs. JEAN N. LOCKWOOD, S.R.N., S.C.M., H.V.Cert. (to 9-5-64)	Miss DOROTHY E. R. YOULE, S.R.N., S.C.M., H.V.Cert. (to 13-6-64)

Nursing Assistants

Miss JOAN P. ATTWOOD (from 1-11-64)
Miss KATHLEEN BELL
Mrs. JANET M. BRAILSFORD, N.N.E.B.Cert.
(to 31-8-64)
Mrs. MARY CRAPPER, S.E.N.
Mrs. DOROTHY DARWIN
Mrs. CONSTANCE H. ELLIOTT
Mrs. JOYCE M. FARIS

Miss ELIZABETH GILL
Mrs. BETTY PURVIS
Mrs. DOROTHY SANDLAND
Mrs. JOAN STONEY
Mrs. MARY E. TOWNEND, S.E.N.
Mrs. JOAN M. TURNER
Mrs. MARGARET G. WARRINGTON

Dispenser at Clinics—GEORGE WARRILOW

Principal School Dental Officer EDGAR COPESTAKE, L.D.S.

School Dental Officers

AIDAN BLOOMFIELD, L.D.S. (to 31-7-64) BRIAN B. PARSONS, L.D.S. (from 1-5-64)
ALBERT E. CLARKE, L.D.S. Mrs. EVA L. TYSON, B.D.S.
HERBERT PARKIN, L.D.S.

(Seven vacancies for School Dental Officers)

Dental Anaesthetists

*FINBAR P. HEWSON, B.D.S. (from 11-5-64) *COLLETTE TAYLOR, M.B., B.S., D.A.,
F.F.A.R.C.S.

Dental Auxiliaries

Mrs. BRENDA KEITH (to 31-8-64) Miss PATRICIA MORRIS

Dental Surgery Assistants

Mrs. OLGA V. HABERSHON (to 31-8-64) Miss CLARA L. MARSDEN
Miss LESLEY HADFIELD (from 25-5-64) Miss APRIL G. MILTON
Miss SUSAN HAWKINS Mrs. FRANCES MORRIS
Miss WINIFRED M. MCKENZIE Miss AUDREY ROSS
Miss CLARE E. MARLOW

(Seven vacancies for Dental Attendants)

Oral Hygienist

(VACANCY)

Dental Technicians

CLIFFORD J. ATKIN (Senior)
(Vacancy for Dental Technician)
(Vacancy for Apprentice)

Child Guidance Centre

Medical Director—THE SENIOR SCHOOL MEDICAL OFFICER

NOEL E. WHILDE, M.Sc., F.B.Ps.S.
(Educational Psychologist in charge)
MICHAEL DAVIS, B.A.
(Educational Psychologist)
Miss EDITH M. FAWCETT, B.Sc.
(Educational Psychologist)
Miss RUTH J. M. GARDEN, M.A., Ed.B.,
A.B.Ps.S. (Educational Psychologist)

IAN C. MURPHY, Ph.D.
(Educational Psychologist/Psychotherapist)
KENNETH A. SMART, B.Sc., Ed.B.
(Educational Psychologist)
†REGINALD WARNECKE, M.R.C.S., L.R.C.P.,
D.P.M. (Psychiatrist)
†A. C. WOODMANSEY, M.D., M.R.C.P., D.P.M.,
D.C.H. (Psychiatrist)
*Mrs. CHAJE R. HOLMES
(Psychiatric Social Worker)

(Vacancy for Psychiatric Social Worker)

Speech Therapy Clinic

Miss ANNE B. CHAPMAN, L.C.S.T.
(Senior Speech Therapist)
*Mrs. PAMELA J. BATTYE, L.C.S.T.
(Assistant Speech Therapist)

Miss ANNIE JOHNSON, L.C.S.T.
(Speech Therapist) (to 31-8-64)
*Mrs. PRUDENCE R. M. POPAT, L.C.S.T.
(Assistant Speech Therapist) (from 1-1-64)

Chiropodist—*LEONARD ALDAM, M.Ch.S.

Bents Green School

Miss BARBARA P. FIELD (Housekeeper/Matron)
Miss MURIEL M. HARTLEY, S.E.N. (Resident Assistant Nurse)

Chantrey School

Miss JOYCE WILKINSON (Housekeeper/Matron)

Mrs. THEODORA W. N. COLQUHOUN
(Physiotherapist)
Mrs. PAMELA R. EGAN
(Physiotherapist) (from 1-9-64)
Mrs. MARIAN FORTESCUE, S.R.N.
(Resident Nurse)
Mrs. BESSIE FURNESS, S.E.N.
(Assistant Nurse)

Mrs. JOAN WEATHERINGTON, M.C.S.P.
(Physiotherapist) (to 30-4-64)
Miss NORA BELL, S.E.N.
(Assistant Nurse)
Miss KATHLEEN S. JAMES, L.C.S.T.
(Speech Therapist)

Maud Maxfield School for the Deaf

Miss FLORENCE E. SHAW (Housekeeper/Matron)

Sheffield School for Blind Children

Miss KATHLEEN G. DAVIES (Housekeeper/Matron)

Administrative Assistant

PETER MASON, D.P.A.

SCHOOL HEALTH SERVICE, Central Clinic, 7, Leopold Street, Sheffield, 1.

(Telephone 26341).

(NOTE : *Denotes part-time Officer. †Denotes appointment by arrangement with the Regional Hospital Board.)

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE:

Dr. Llywelyn Roberts was Principal School Medical Officer throughout the year under review. When he retired at the end of March, 1965, the Report was not quite completed, and it falls to myself as his successor to introduce it and accept responsibility for the form in which it is presented. This follows closely the model of previous years. While most of the statistical information is again relegated to the comparative obscurity of an appendix, this arrangement makes for a more lucid and readable text. Dr. Roberts first used quotations in his Annual Report as M.O.H. for 1954—and his Report as Principal School Medical Officer for 1958—as a means of tempting reluctant readers to venture beyond the first few pages. The well of apt quotations may one day run dry but, at least for the present, they are retained.

Compared with 1963, "leaver" examinations rose from 4,698 to 6,891 with a corresponding increase in cases brought to the attention of the family doctor. Since 1954 an abstract of information on the school medical record has been sent to G.P.s. where any findings of importance have been noted. Although Sheffield is, I am sure, not alone in these arrangements it would seem that co-operation along these lines is far from normal practice, and one wonders why. Is it felt too wasteful of the school medical officer's time—or on the receiving end, does the family doctor find that the information is already known to him? Interchange of clinical information between the various branches of the health services will never be 100 per cent., but it is a goal worth striving for. The "leaver" examination is of particular importance, providing up-to-date information to enable the Youth Employment Service to take account of any physical handicap. Yet it often seems to be a casualty when there are temporary staff shortages. Some would have it that routine examination is unnecessary and that a form of selection examination be introduced as in the intermediate examination. My own inclination would be to the view that if, for any reason, a "leaver" misses routine examination at school he should be thoroughly examined before starting work. Correspondingly, if he has already been examined and found healthy, this should be sufficient without going through the hoop of further examination under the Factories Act. Although a factory doctor is entitled to ask for a school medical report, advantage is seldom, if ever, taken of this opportunity. There is need for much closer co-operation with the factory doctor, though it is recognised that many young workers are under no form of medical supervision once they have left school.

The school medical officers were again asked for comments on their work and extracts of general interest have been reproduced. Scabies is mentioned—the total cases treated at school clinics was only 34, but I hear from

a dermatologist that the condition may be on the increase, and a number of the families attend at the Public Health Department's cleansing centre. Despite the experience of the doctor who saw two children with chorea (St. Vitus' dance)—one, I understand, though attending a Sheffield school lives outside the City—juvenile rheumatism in any form is becoming uncommon. However, asthma and bronchitis still cause considerable disability, and I note that courses of breathing exercises are given at some of the clinics. Dr. J. E. Lunn of the Department of Preventive Medicine and Public Health, University of Sheffield, has continued his studies of bronchitis in children at junior schools. While the full results are not likely to be available for some months, one observation already stands out, and that is the correlation between bronchitis and respiratory function tests with atmospheric pollution. The relationship between pollution and chronic bronchitis in middle-aged and elderly adults has long been recognised, but it comes as a shock to realise that children living in the polluted areas of the City are already showing signs of chest damage by the age of ten. Very rapid strides are now being made in the clearing of industrial and domestic smoke, but for these children clean air has already come ten years too late.

There remains one form of smoke against which we are making little headway. I refer, of course, to tobacco smoke. The British Temperance Society has just given the third Sheffield five-day course, so called because each group meets on five successive evenings. A majority of those attending have been helped to give up smoking, but very few of the clients were young people. A variety of visual aids and exhibits are held at the Public Health Department's health education centre and several requests have been received from Head Teachers for the use of the material in schools. Knowing the serious risks of lung cancer it is difficult to remain patient, yet this is necessary. One day the tide will turn.

Dr. Swallow's pre-school auditory clinic continues to do excellent work, and she has also been instrumental in training health visitors to enable them to "screen" all babies at special risk of deafness. When this scheme is fully developed, it should result in earlier and more complete ascertainment of deafness. Although opinions still differ about the age when it is practicable to fit young children with a hearing aid, there is general agreement that auditory training and subsequent admission to a nursery unit at a special school gives the best chance of developing useful speech.

The school dental service continues to give rise to anxiety. It is difficult to understand why newly-qualified dentists are not seeking experience in the service, even though they may eventually turn to "private" practice. There is a steady output of dental auxiliaries, but unless there is a cadre of qualified dentists it will not be possible to afford the supervision required under

existing regulations. The programme of dental health exhibitions, begun in the Autumn of 1962, has been completed but the questionnaires, designed to find out any modification of eating habits, suggested that the influence of the campaign was only marginal. Unfortunately an analysis of the results of the clinical survey is still awaited. I have no crystal ball but, after years of frustrating delay, the way at last seems clear to add fluoride (in a concentration of 1 part per million) to Sheffield's water supply should the Authority decide to proceed with fluoridation in the near future.

The process of bringing down the age of routine B.C.G. vaccination from 13 to 11 years was completed in the summer. A new and pleasanter technique of administering B.C.G. vaccine was introduced in January, 1965, but before it is generally adopted it is necessary to confirm that the protection afforded is as reliable as that provided by the original method. In the near future these B.C.G. facilities will be offered to students at Teacher Training Colleges and to full-time students at Technical Colleges and Colleges of Further Education, even though it is hoped that the great majority of young people will have been tested, and given B.C.G. protection, where necessary, before leaving school. Yet another routine anti-tuberculosis measure was the inclusion of part-time school meals staff, in the categories X-rayed on appointment.

No case of poliomyelitis has occurred in a school child since December, 1961. There is little doubt that this is the result of the various anti-polio vaccination campaigns, including in recent years the visits made by school nursing sisters to give oral vaccine in school. On a less spectacular plane, measures to achieve basic immunity to tetanus are being extended. For the first time a "boosting" dose of tetanus toxoid was offered at the age of nine, and a further approach made to parents of children who had not been immunised against tetanus.

The testing of vision is carried out in school every other year. The work is time-consuming and, I imagine, rather tedious, but there can be few routine tasks that are so rewarding from the point of view of the educational and general well-being of the child.

Home visits by school nursing sisters rose from 1,354 (1963) to 1,905. This was in part due to a follow-up study of measles planned by the Public Health Laboratory Service. The aim was to obtain further information about complications developing as a result of the measles outbreak in the previous year. The frequency and severity of complication in an unprotected child may well determine whether measles vaccination is worthwhile. Measles outbreaks occur in urban populations every second year, the "epidemic" developing almost with the precision of clockwork. This epidemiological cycle may soon be swept away, for large scale vaccination trials are being

undertaken in twelve specially selected areas (Sheffield is not one of them). Selection is likely to be made of the best vaccine of three undergoing trial.

As might be expected minor ailment attendances have been dwindling since the introduction of the national health service. The figures show a drop from 27,385 cases seen at clinics in 1951 to 14,495 in 1964. The falling off in attendance seems to depend on the character of the area, the location of new schools and housing redevelopment schemes. Handsworth attendances remain unchanged, while the reduction at Wisewood and Wybourn is quite small. The number of pupils coming to Hillsborough was noticeably affected by the opening of the new clinic at Chaucer. In 1951 the largest number of children were seen at Attercliffe and trade here remains brisk, but at only half the former level.

It may be puzzling as to why the numbers at the Blind School are still rising in view of the fall in cases of retrorenal fibroplasia. Of the 68 children referred to in Mr. Ferguson's report on p. 32, only eight are Sheffield children. The wisdom of providing special schools on a regional basis has long been recognised, particularly as it is being found possible to retain many severely handicapped children in ordinary schools. Brief reference was made in the Report for 1963 drawing attention to a new situation, the survival of children with spina bifida, brought about as a result of improved surgical techniques. Where such children are paralysed and incontinent, exceptional problems arise, which make for difficulties even in a special school for the physically handicapped. The first school for children with spina bifida was opened in 1959 in the South of England. As the Committee will recall, a Sheffield Special School—the second in the country—is programmed for 1965-66 which, at the suggestion of the Department of Education and Science, will now include a nursery unit. The closest co-operation will be necessary between the School Health Service, teachers, paediatrician, family doctor, orthopaedic surgeon, and the consultants dealing with urinary problems. This will be the responsibility of a highly specialised team, not the least important member being the school nurse.

It is usual to express thanks to the Chairman and Members of the Child Welfare Sub-Committee. I am sure Dr. Roberts would have wished to add a personal valedictory note of appreciation for the kindness shown throughout the period he was associated with the Committee, and also to the Director of Education and the staff of the School Health Service, who have at all times been most helpful. In conclusion it would be fitting to comment on the part played by Mr. G. V. Cooke, whose constructive guidance over the years has done much to keep the ship on a steady course. Bon voyage.

CLIFFORD H. SHAW,
Principal School Medical Officer.

MEDICAL EXAMINATIONS

"Thou art always figuring diseases in me: but . . . I am sound"

Shakespeare, "Measure for Measure."

Figures stating the number of children medically examined are given in the tables on pages 49 to 51. Arrangements are made for the medical examination of all children within the first year of entry into the infant school, and again within the last year of school life. The first examination is important in that congenital and other defects are noted, and also in that an opportunity is given to the mother to discuss with the medical officer any emotional disturbance caused by entry into school. The latter examination is important in that it forms the medical connecting link with the family doctor, the medical officers responsible for services for the adult handicapped, the factory doctor and the youth employment officer. Parents are invited to be present at this examination.

At the half-way mark of the child's school career, a further general medical examination may be arranged. An invitation is sent to the parents of every 11-year-old child, offering an opportunity for medical inspection if they wish. Apart from those examined at the parents' request, children are brought forward by the head teacher and school nursing sister.

Although this selective medical examination is chiefly concerned with all eleven-year-old pupils, it must be realised that at any school visit the medical officer will see any child whose health or behaviour is causing concern. Apart from these 'routine' visits to schools, the medical officer also visits, where possible each term, for the follow-up of cases.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows:—

Candidates for appointment in the service of the Education Committee	365
For stage licences	7
Juvenile Court cases	113
"Boarded-out" children (annual medical examination)	28
Fitness for part-time work, e.g., newspaper delivery or errand boy in various trades:—	
Number passed	1,013
Number not recommended	2
Students for admission to training colleges for teachers:—	
Men	86
Women	173
	259

REPORTS FROM SCHOOL MEDICAL OFFICERS

"But I will trace the outline of the chief events"

Virgil, "Æneid," Book I.

In the course of the work of the school medical officers, different aspects emerge which are reflected in the following extracts from reports received:—

"The health of the children of the Attercliffe Clinic district has remained about the same for the year 1964. There has been a slight increase in the incidence of scabies. The incidence of severely discharging ears has declined but the incidence of milder earache and sore throats remains the same. Our numbers will be affected slightly by the housing clearance."

I am anxious about the number of overseas pupils coming into school at 12 to 13 years. I examine them as selected cases and invite the parents to attend, but obtain little success as very little English is spoken.

I think the recent survey of the incidence of verrucae by the Headmaster of Park House School is of interest.

Yesterday in the Clinic a senior boy came for a trivial excuse and, in the course of conversation, I remarked that I thought he had been smoking. Knowing him quite well, I remarked that surely he could find something better on which to spend his hard-earned (paper round) money. He said that he smoked because there was nothing else to do. I feel that this underlines my remarks concerning the lack of organised entertainment for young people who have no studies to occupy them."

"The programme of demolition and re-housing has so affected those schools and localities with which I am concerned that this alone must account for a change in the clientele at both clinics and schools. However, as well as the reduction of numbers of 'bad' families, I have little doubt that there is strong evidence of greater awareness among parents of the health needs of their families, and greater use seems to be made of the services of their own general practitioners. Credit for this awareness will undoubtedly be given to the Health Services in general, but I have a suspicion that it may be shared, in fact, by Dr. Kildare *et al.*"

"The asthma and bronchitic patients are responding well to the course of breathing exercises given at the clinic. It is noticeable that irregular attenders or absentees from this treatment fail to make the progress made by the regular ones. It is also gratifying that nowadays so many parents of these children can be persuaded to allow them to learn swimming, with great benefit.

There has been a slight increase in the number of children complaining of limb pains complicating sore throat, but these have cleared quickly and have not been thought to be true rheumatism. We have, however, had two

cases of acute chorea at Southeby during the year—one case of moderate degree, the other severe, with marked hemichorea and carditis. Both are responding to treatment.”

“Whilst the physical health of the juvenile remains at such a high level, it is indeed a pity that the same does not apply to the social behaviour patterns of all the country’s juveniles. I include in this context not only children brought before the courts, but also those many others responsible for big and small acts of vandalism, rowdy behaviour and even general bad manners. Be that as it may, in my opinion the misdemeanours committed by juveniles stem from attempts to copy the wrong type of image. Unfortunately, the wrong sort of images receive the biggest share of propaganda or advertising, whether it be outlandish clothes and hair styles, T.V. presentations of violence or the advertising of undesirable goods from cigarettes onwards. A constructive development would be if the more desirable images of this world were attractively presented to the youth of the country.”

CO-OPERATION WITH OTHER BODIES

"A sail without the wind is merely a piece of cloth"

Ozdemir Asap.

NATIONAL HEALTH SERVICE

Details of the specialist clinics arranged in co-operation with the Regional Hospital Board are given on pages 15, 16, 21 and 54. Liaison with the hospitals and general practitioners is maintained by letters and personal discussions. Reports to general practitioners following the medical examination of school leavers were in respect of 396 defects. This represents 5·7 per cent. of the school leavers examined, as compared with 6% in the previous year.

PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

At the periodic health inspections, 7,214 (7,167*) parents attended with their children. This is equivalent to 50·5 (55·8*) per cent. attendances with boys and 58·5 (66·8*) per cent. with girls.

(*1963 figures)

An effective school health service could not be provided without the willing co-operation of teachers, inspectors and education welfare officers. Thanks are also extended to the Children's Officer and his staff, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Council of Social Service and—not least—the parents themselves for all their valuable help.

Also, thanks must be given to the local press for the realistic and sympathetic approach which is given to all matters concerning the School Health Service.

Once more the Sheffield School Children's Holiday Association, supported by Sheffield school teachers, made full use of the Fairthorn Convalescent Home. During the period 2nd March to 12th December, when the house was open, 90 boys and 97 girls were there for convalescent treatment. In addition to this, 74 children selected by teachers went there during the summer vacation. Most of these were children who would not otherwise have gone away from home for a holiday. Prior to admission, each child was examined by a school medical officer and passed as free from infection and suitable.

The Senior School Medical Officer continues to serve on the Council of the School Health Service Group of the Society of Medical Officers of Health.

OPHTHALMIC TREATMENT

"I can yet see without spectacles"

Shakespeare, "Much Ado About Nothing"

Mr. M. Ferguson, the Ophthalmologist, comments that there is little new to report. The work continues satisfactorily and the waiting list is of manageable proportions.

Tables in connection with this work and also on orthoptic treatment are given on pages 51 and 52.

ORTHOPTIC TREATMENT

The orthoptists and the orthoptic department, like the eye clinic, came under Sheffield No. 1 Hospital Management Committee, but have now been transferred to the United Teaching Hospitals. However, the number of sessions provided at the Central School Clinic is unaltered.

Miss J. A. Smith, Head Orthoptist, reports:—

"The Orthoptic Clinic is open three days a week and a good attendance has been made by patients during the year.

Mrs. Hoole, the Senior Orthoptist, will be leaving in March after being with us for 3 years, and her valued assistance will be greatly missed.

The treatment of squint and other anomalies of binocular vision is interesting and rewarding work. The 'synoptophore' amongst other instruments in the clinic has a tremendous fascination for the children. Even the most timid child can be persuaded to 'put the lion in the cage' and, in so doing, provide the measurement of the squint, strength of fusion, presence of stereoscopic vision and other data.

It is thus often with great regret that they learn they are to be discharged from the Orthoptic Clinic, though perhaps the thing which provides the most favourable reaction is to be told that they no longer require glasses!"

EAR, NOSE AND THROAT DEFECTS

"Low, sweet, faint sounds like the farewell of ghosts"

Shelley, "Prometheus Unbound"

As before, Mr. R. E. Peasegood, the Aural Surgeon, attended the Central Clinic to see cases referred to him by the school medical officers. Dr. E. M. Swallow, the School Medical Officer in charge of the Clinic for the young deaf child and the school for the deaf, attended with Mr. Peasegood. Through arrangements made by the Senior School Medical Officer, speech therapists also have the opportunity of discussing cases in which they are interested.

Annual statistics are given on page 52 relative to the work of the Clinic, together with information regarding surgical treatment for tonsils and adenoids.

Dr. E. M. Swallow reports :—

"PRE-SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

Statistics regarding the year's work are given on page 53.

Three auditory training sessions are held each week at the Central Clinic. The attendance is good and the parents obviously feel their visits are worthwhile.

Several sessions during the year were devoted to screening groups of premature babies born in 1963 and referred from the Maternity and Child Welfare Clinics. This accounts for the increased numbers seen during the year.

PARTIALLY HEARING UNIT AT HUNTER'S BAR COUNTY SCHOOL

The Unit is now working to capacity. The one child admitted during the year has settled in well. Mr. Johnson, the teacher in charge since the Unit was established, resigned at Christmas to take another post and has been succeeded by Mr. Ashton.

A further Unit for ten senior, partially-hearing children is to be opened at Greystones Secondary School in the near future.

AUDIOMETER PURE-TONE TESTING, JANUARY TO DECEMBER, 1964

Pure tone testing was carried out in the Central Clinic. Total number tested was:—

New cases	...	...	...	762
Retests of present year	...	...	...	186
Retests of previous years	...	...	...	413
Total tests	...	...	...	1,361

The majority of these children were referred by school medical officers, either from medical inspections in school, or at the branch clinics. Others were referred by Mr. Peasegood, the Otologist, by speech therapists, Child Guidance staff, parents, teachers, school nursing sisters, and a few by general practitioners and other local authorities.

Total number of cases seen by the Otologist at Central Clinic:—

New cases	...	...	...	146
Old cases reviewed	...	...	...	153
Total	...	...	...	299

Hearing aids prescribed totalled 16. Three of these children have been admitted to Maud Maxfield School, five are still attending the Pre-school Clinic for auditory training, and the remaining eight are in ordinary schools, and all have received tuition in lip reading.

AUDIOMETER SWEEP TESTING—SCHOOL YEAR SEPT. 1963 TO JULY 1964

Total number tested in age group 6-7 years (i.e., Inf. II) ... 6,673

Total number who failed the test 129

Those children who failed the test had pure-tone tests in school, and were all referred to either the school medical officer or to their general practitioner. Children with wax or heavy colds at the time of the school visit, and also any absentees, were given an opportunity to be tested at the appropriate branch clinic. All special schools in the City were visited during the year, and testing was carried out on the children in the appropriate year group, as well as on others where there was any doubt regarding their hearing."

SCHOOL DENTAL SERVICE

"Being troubled with a raging tooth, I could not sleep"

Shakespeare, "Othello"

E. Copestake, Principal School Dental Officer

"Our problems this year have been associated with an inadequate staff. Five dental officers and two dental auxiliaries were employed in January, and four dental officers and one auxiliary at the end of December. One dental officer has passed the age at which he may retire and a second is unlikely to be remaining in Sheffield. Vacancies were advertised at regular intervals but only one application for a full time appointment was received.

It would be out of place to be pessimistic about the future. There has been a steady increase in the number of full-time dental officers employed at national level, rising from 716 in 1951 to 1,030 in 1963. The number of dental students admitted to the universities has risen by over 100 in the last two to three years. The facilities for teaching dentistry are being rapidly expanded and should produce an increase in ten years' time of 50% in the number of dentists who qualify each year. It is inevitable that this will introduce a hardening competition among dental practitioners in the national health service. It will lead to some very real difficulties in their maintaining the present favourable financial position as compared with salaried school dental officers, and more dentists will enter the school service. It is reasonable to suggest that if what the local authority has to offer is good, we could be certain that staff will be forthcoming. It would be proper to draw attention, however, to one factor which must be having the effect of retarding the growth of the school service. The country's population is growing at the rate of 500,000 each year due to the natural increase and an exceptionally high net gain from migration. This calls for the employment in private practice alone of at least an additional 100 dentists each year. It is significant that in each fortnightly edition of the British Dental Journal between 20 and 30 local authorities advertise vacancies. Competition for staff is likely to be keen for some years to come.

It has recently become fashionable to speculate on the future of the school dental service and on the national health dental service. Dentists are insufficient in number to maintain the dental health of the nation at an acceptably high level. Their training is expensive and with the growth of knowledge, more and more post-graduate training is needed if dentists are to remain expert at their jobs. The time has come when no dentists can be trained to provide all forms of treatment equally well, and specialisation has become increasingly common. Dental treatment at the hands of specialists tends to become unbearably costly, and it is inevitable that dentistry will be forced to follow the pattern adopted in other professions and trades. The

work will be divided up and carried out by others who have completed a comparatively short and inexpensive course in order to become expert at perhaps only one minor form of routine treatment. A great deal of the treatment we do is of a simple nature and can be allocated to auxiliary staff, once the decision has been made that it is required. Auxiliaries work under direction of a registered dentist who by offering support and criticism can ensure that treatment is maintained at a high level in terms of quality and economic output. The experiment organised by the General Dental Council is not yet complete, but it seems inevitable when considering the results already obtained that dental auxiliaries are here to stay. They are the latest addition to the list of dental auxiliary workers. The dental surgery assistant has become recognised as an essential part of a dentist's surgery. The dental technician has become indispensable to the more recently-qualified dentists whose training courses contain little or no practical technical instruction. In Canada he makes dentures to impressions he has taken and fits them in the mouth. Over 8,000 dental hygienists trained to treat and prevent periodontal disease are reported to be employed by United States dentists. In recent years Ceylon and Malaya have built up school dental services which are almost entirely staffed by dental auxiliaries, following the pattern in New Zealand. It may well be with changing regulations that this country's school dental service may adapt itself in the near future to make full use of the services of the auxiliary.

INSPECTION AND TREATMENT

Approximately one child in five received a dental examination during the year, and less than one child in ten estimated to be in need of treatment received it. The position with regard to staff was better than in 1963 and nearly 400 more sessions were spent on treatment than in that year. There were just over 1,800 more teeth filled; this was made possible by the employment of the equivalent of $1\frac{1}{2}$ full-time auxiliaries. There were, however, fewer teeth extracted. Children have no difficulty in obtaining emergency treatment for toothache, and the number of those attending the special sessions arranged for the relief of toothache has dropped considerably.

TOWARDS DENTAL HEALTH

The true purpose of a health service is to prevent disease. Dentists have been traditionally concerned with treatment and, while this will remain the pre-occupation of those in private practice in the general dental service, those in local authority services are now required to spend more and more time on prevention. We are asked for the first time to record the number of sessions spent on dental health education. Our major campaign in dental health education came to a close in July. The clinical surveys for this were completed in the summer term 1963 and we await the statistical analysis being carried out by the Ministry of Health with interest.

The fluoridation of water supplies has been accepted for some years as the method of choice in preventing dental caries. The initial difficulties encountered in Sheffield in preparing for it have now been overcome and its introduction may be expected within the next twelve months. The school dental officers are to take part in a national survey of the dental condition of 15-year-old children. This could be of use eventually, if repeated in some ten years' time, in providing information on the effectiveness of fluoridation in Sheffield in reducing caries, in reducing the need for staff and in the change of attitude to dental treatment displayed by children. After all, if less dental treatment is needed we should expect children to go to the dentist more readily."

ORTHOPÆDIC AND POSTURAL DEFECTS

*"Children, you are very little
And your bones are very brittle"*

R. L. Stevenson, "A Child's Garden of Verses"

ORTHOPÆDIC CLINICS

Mr. A. Dornan, Consultant at the Royal Hospital, reports:—

"The work has continued along the usual lines and has brought to notice 37 cases on which hospital treatment has been subsequently carried out."

240 children were seen and their attendances totalled 257.

KING EDWARD VII ORTHOPÆDIC HOSPITAL AND ORTHOPÆDIC CLINIC

Dr. E. G. Herzog, the Surgeon Superintendent at the King Edward VII Orthopædic Hospital, reports:—

"During the year under review, 86 Sheffield school children were treated as in-patients at this hospital. Although one of these cases was suffering from a tuberculous spine, at the time of writing no Sheffield child and, in fact, not a single child from a wide area around Sheffield, is an in-patient at this hospital with tuberculosis of bone or joint. When one considers that 130 beds were devoted exclusively to the treatment of skeletal tuberculosis of Sheffield children 40 years ago, it is possible to realise what progress has been made. There has also been no Sheffield child admitted with poliomyelitis during 1964."

The number of attendances at Firth Park Clinic has remained about the same as in previous years and there is also no great change in the number of children who attended here as out-patients. They come here either for specialist physiotherapy and pool treatment, or to be measured and fitted with appliances.

I attended Oakes Park School approximately once a month during the year to see those of our handicapped patients who are pupils there. Close liaison is being maintained between the Hospital Physiotherapy Department and the physiotherapy staff at the School."

CHIROPODY CLINIC

This clinic continues to be well attended. 767 new and 86 old cases were treated during the year, involving 1,808 attendances. At the end of the year, 26 children were still in attendance.

PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

"He is free from danger who, even when he is safe, is on his guard"

Publilius Syrus, "Sententiae"

CHEST CLINIC

Dr. D. H. Anderson, Senior Consultant Chest Physician, reports:—

"In my report on the work carried out during 1963 I indicated the changes that would take place in the Chest Clinic Service during 1964. The changes affecting school children were the transfer of the contact and follow-up Clinic from Queen's Road to the Royal Infirmary Clinic during the first quarter of 1964, and the transfer of the B.C.G. Clinic to the new out-patient Clinic opened at Winter Street Hospital during the second quarter.

The Chest Clinic has continued to play its part in the care of the City's school children in co-operation with the school medical officers but the pattern of the work is changing, partly due to the fact that routine B.C.G. vaccination is now carried out in the first year of the senior school and partly due to changes in our own policy on B.C.G. follow up.

The earlier age at which B.C.G. vaccination is now carried out through the School Health Service means that there are fewer positive reactors on the preliminary testing, and these are now referred to the Mass Radiography Unit instead of the Chest Clinic. As a result of these changes there has been a large drop in the number of school children seen at the Chest Clinic. The change to earlier B.C.G. vaccination at school has also meant that fewer children of school age are vaccinated at the Chest Clinic, and the follow-up figures here have also been greatly reduced.

Statistics

During the past year, 6 school children were notified as tuberculous but only three of these were seen at the Chest Clinic, the other three being seen at the Children's Hospital. Of the 3 children seen at the Chest Clinic one, a girl of 14, had a T.B. positive sputum and a second girl had an active adult type lesion. The first girl had been in contact with an open case of pulmonary tuberculosis some six years previously, and at that time was found to be tuberculin positive but with a normal chest X-ray.

A further six school children were admitted to our children's beds for observation but none were found to be suffering from tuberculosis. During the year 1,087 children of school age attended the Clinic, of which 229 attended for the first time. Of the 858 re-attendances, 50 were made by children on the Clinic Register of Tuberculous Cases and as a result of these visits 37 were removed from the Clinic Register.

Of a total of 995 children vaccinated with B.C.G. during 1964 only 197 were of school age."

B.C.G. VACCINATION OF SCHOOL CHILDREN

Dr. C. F. J. Ducksbury, School Medical Officer, reports:—

"During 1964, the scheme for the B.C.G. vaccination of school-children was continued. The policy adopted in 1962, aimed at eventually vaccinating eleven-year-old children, was continued, the second stage being completed in June 1964. From October 1964, eleven-year-old children are being given the opportunity of vaccination, together with any other children who have missed it in previous years due to being absent, unwilling or in the process of changing schools.

	No previous vaccination	Previous B.C.G.	Total
Number of consents received	8,814	618	9,432
Number of refusals received	783	631	1,414
Numbers tested	7,750	491	8,241
Numbers positive reactors	502	333	835
Numbers negative reactors	7,248	158	7,406
Numbers vaccinated ...	7,062	147	7,209
Numbers not vaccinated	186	11	197
% positive	6·5%	67·8%	10·1%
% negative	93·5%	32·2%	89·9%

Comments

1. Approximately 10,846 children were eligible for inclusion in the scheme for vaccination. The apparent consent rate is 86·9%, or 92·3% if children previously vaccinated are excluded. However, these figures may be a little high, as they are calculated only from the number of completed forms returned. It is hoped to provide more exact information in future reports.

2. The absentee rate was 12·6%. At the end of 1964, there were some children due to receive appointments for a special session; this would reduce the final absentee rate.

3. The positive reactor rate this year is 6·5% amongst children not previously vaccinated. 835 children altogether were found to be positive; of these 208 were strongly positive, 47 having been vaccinated before.

The positive reactor rate has remained at a fairly satisfactory low level this year, probably partly due to the fact that younger children are being tested.

4. 491 children reputed to have had B.C.G. previously (e.g., through the Chest Clinic) were tested, and 32·2% of these had reverted to a negative reaction. 147 of these children were re-vaccinated.

5. 197 negative reactors were not vaccinated. Some had other immunisations in progress, but most of them were not willing to be vaccinated.

X-ray of positive reactors

Of the 788 children who attended for chest X-ray, 96 were those whose parents had requested an X-ray only. 173 children for whom appointments were made failed to attend.

The results of the X-rays were as follows:—

Normal chest	...	...	...	...	...	...	764
Evidence of past tubercular lesions now healed	...	...	...	...	...	...	15
Miscellaneous lesions	...	...	...	...	...	...	2
? active tuberculosis	...	...	...	...	...	...	5
Children to be kept under supervision	...	...	...	...	...	...	2
							788''

SPECIAL INVESTIGATIONS IN SCHOOLS

Dr R. E. Browne reports:—

"1. A member of the auxiliary domestic staff was diagnosed as suffering from tuberculosis, not likely to be infectious. She had been in contact mostly with infants and members of the staff. Skin tests were carried out on the children who had been in contact, and chest x-rays were arranged for the adults. No evidence of any spread of infection was found.

2. At another school a member of the auxiliary domestic staff was diagnosed as suffering from tuberculosis, not likely to be infectious. In this school she had been in contact with the nursery class, and the preliminary tests carried out on the children, and the chest x-rays on the adults, showed no evidence of spread of infection. The school will be visited again in the new year, about three months after the first tests, for a final check.

Auxiliary domestic staff are now asked to attend for chest x-ray at the Mass Radiography Centre when they are medically examined prior to employment."

SPEECH THERAPY

"Better to trip with the feet than with the tongue"

Zeno, "Diogenes Lærtius"

By Miss A. B. Chapman, L.C.S.T., Senior Speech Therapist:—

"The figures for 1964 (see page 53) show a drop in the number of cases handled during the year and a rise in the waiting list. This reflects what is now becoming a chronic condition of staff shortage. Miss Johnson left us in August after two and a half years' service, and Miss James left in September having worked at Oakes Park and Chantrey Schools during the first two years of their existence. As a very small credit to set against this loss, we were pleased to welcome Mrs. Popat back on to the staff in January on a sessional basis. Unfortunately she could only manage to work four sessions a fortnight.

These staff changes inevitably affected our branch clinic and special school sessions. At the beginning of the year we were providing two sessions weekly at Manor and Newbould Lane, and one at Attercliffe and Greenhill, while all E.S.N. schools were visited, though three only fortnightly. By the end of the year the sessions at Newbould Lane had been cut to one, and visits to the Junior Departments of East Hill and Wadsley Bridge Schools suspended. Chantrey and Oakes Park Schools were also without a speech therapist.

There were less children referred to the Speech Therapy Clinic during the year (112 as against 154 in 1963). This is in fact the lowest figure since 1955. It is possible that school medical officers and head teachers have become discouraged by our long waiting list and hesitate to recommend children for speech therapy, preferring to keep them under observation for a time themselves first. This is a pity as it results in children waiting longer for treatment if they eventually need it, whereas no harm is done should they improve spontaneously while awaiting a vacancy.

We can only hope that our staff position will improve in 1965, thus enabling us to provide the full and prompt service which parents, teachers and our colleagues in the School Health Service have a right to expect."

CHILD GUIDANCE CENTRE

"Put himself upon his good behaviour"

Lord Byron, "Don Juan"

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge:—

"Few significant changes have taken place in the work of this Service during the year. There was an increase on 1963 of fifty-seven in the number of children referred and the total of six hundred and fifteen is the highest referred since the service was established in 1937.

The number of cases closed (543) was only two more than in the previous year. With the present staff it is obviously not possible to cope with the increase in numbers referred and there were 57 cases on an initial waiting list and 98 on a treatment waiting list (these cases had been investigated and were seen from time to time till treatment could be arranged).

The distribution of intelligence changes hardly at all over the years in spite of more children being referred and the median I.Q. has fluctuated by no more than four points (from 93 to 96) over the last ten years (93 in 1964).

On the other hand the children tend to be a little younger on the whole when they are referred, the age of the median child (in years and months) being 8—2, 8—2, 8—1, 7—11 and 7—10 over the last five years.

A Senior Remedial Teacher (Mr. Evans) was appointed to the staff to assist with the teaching and supervision of the junior school remedial reading groups and six more groups were initiated, two in each of three schools, bringing the total to twenty-six groups in thirteen schools.

Apart from the above-mentioned appointment the staff remained unchanged, though one of the Educational Psychologists (Miss E. M. Fawcett) resigned and left the service at the end of the year."

The figures for the year 1964 are shown on page 55.

SCHOOL NURSING SERVICE

"It is not from the rose that the bee gathers the honey"

W. S. Landor

By Miss E. Dent, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister:—

"The year 1964 showed very few changes in the staffing position. Two nursing assistants resigned for domestic reasons and one of these was replaced, leaving one vacancy.

The services of 8 health visitors working part-time in the school health service were withdrawn and were replaced by the appointment of 4 school nursing sisters. There remained 2 health visitors working part-time in the service, giving the equivalent of 1 full-time school nursing sister.

The time spent in the school health service by the health visitors during the past five years has proved beneficial. There is a better understanding of the work of both services, and the good relationship formed between the health visitors and school nursing sisters has made for closer co-operation in dealing with problems of certain families.

CLEANLINESS SURVEY

The long-hair style of the boys has not made any difference to the number found to be infested. It is true to say the state of cleanliness of the hair has improved due to the frequent washing required to give the desired effect of 'floppiness'.

SPECIAL SCHOOLS

The work in these schools has shown very little change during the year. Regular visits have been paid each week by the school nursing sisters. In the schools for educationally sub-normal children, the number of minor ailments treated has greatly reduced the time which otherwise would be spent in attendance at the school clinics.

CO-OPERATION WITH HOSPITALS AND OTHER SOCIAL WORKERS

The Chief School Nursing Sister has attended meetings of the Care of Children Co-ordinating Committee, which has been a means of contact with most social workers who are dealing with children.

There has been constant co-operation with the Superintendent Health Visitor and her staff; meetings have also been held between health visitors and school nursing sisters at local level. A school nursing sister has continued to attend the City General Hospital each week to discuss with the almoners any problems concerning school children. The Family Service Unit and also the Women's Voluntary Services have been very helpful in assisting families in need.

HEALTH EDUCATION

Baby bathing demonstrations and talks on personal hygiene, as in previous years, have been given to senior girls at the request of some head teachers. Mrs. M. Barnsley (School Nursing Sister) continued as Health Tutor at the Kenwood Nursery Training Centre. Members of staff have given courses of lectures to girls studying for the Duke of Edinburgh's Award.

Visits to observe the work in the various departments of the Central Clinic have been paid by groups of sixth-form grammar school girls, student nurses from hospitals, the Nursery Training Centre, district nurse trainees, also student probation officers.

NURSERY SCHOOLS AND CLASSES

The school nursing sisters have visited these regularly to supervise the general health and carry out the treatment of minor ailments. The children obviously benefit from nursery education. The long waiting lists, and the number of requests from health visitors, social workers and parents, indicate a real need for more nursery accommodation."

Statistics relating to the service are given on page 56.

VACCINATION AND IMMUNISATION

"Life is just one damned thing after another"

Elbert Hubbard, "A Thousand and One Epigrams"

GENERAL

During the year it was decided to add a booster dose of tetanus toxoid for children aged 9 years to the immunisation programme which was adopted in 1962.

The full programme recommended is as follows:—

<i>Age</i>	<i>Vaccine</i>
Two months	Triple (Diphtheria, Whooping Cough & Tetanus)
Three months	Triple
Four months	Triple
Seven months	Poliomyelitis
Eight months	Poliomyelitis
Nine months	Poliomyelitis
One year	Smallpox
Eighteen months	Triple (Booster)
5 years (School entry)	Diphtheria/Tetanus, Poliomyelitis
9 years	Tetanus
11 years	B.C.G.

At school-entry a large proportion of children have received triple immunisation through maternity and child welfare centres, family doctors or hospitals. Letters are sent to all parents of children soon after school entry, and the booster diphtheria/tetanus is offered to those who have been immunised, and full courses to those who have not been immunised. Parents who may find it difficult to attend at separate centres are also invited to bring younger (pre-school age) and older children to the school clinics to be immunised. Throughout the year, 125 immunisation sessions were held at school clinics.

Protection against tuberculosis was offered to children in their first year at senior school (see page 23).

TETANUS

Before 1956 a combined diphtheria/whooping cough vaccine had been used for children under 5 years. Since that date the triple vaccine was introduced, and the numbers of children at school entry who were immunised against tetanus increased from 1960 onwards.

These were offered the booster due, and others who had not been immunised were offered full courses of tetanus immunisation.

Early in 1964, it was decided to offer a further booster at 9 years of age, and again to approach parents of children who had not been immunised, suggesting that they should have the full course to give them protection against tetanus.

IMMUNISATIONS BY SCHOOL HEALTH SERVICE

			Number of Children				
			1964	1963	1962	1961	1960
Vaccine:—							
Diphtheria	...	...	32	48	43	152	889
Triple	...	...	194	93	116	222	163
Diphtheria/Tetanus	...		632	331	366	587	10
Tetanus	...	...	1,633	1,227	1,735	1,601	26
Total	...	...	<u>2,491</u>	<u>1,699</u>	<u>2,260</u>	<u>2,567</u>	<u>1,100</u>
Reinforcing doses:—							
Diphtheria/Tetanus	...		2,951	2,405	1,953	2,880	2,497
Tetanus	...	...	1,047	1,564	1,581	—	—
Total	...	...	<u>3,998</u>	<u>3,969</u>	<u>3,534</u>	<u>2,880</u>	<u>2,497</u>

POLIOMYELITIS

Since 1962, the oral vaccine has been used, and is now generally accepted as giving a very high degree of protection throughout the country.

NUMBER OF CHILDREN (5-15 YEARS)

			1964	1963	1962
3 Doses	...	...	237	3,909	4,085
4th (Booster) Dose	...	...	1,940	—	—
			<u>2,177</u>	<u>3,909</u>	<u>4,085</u>

Letters were sent to parents of children whose 4th (re-inforcing) dose was due, inviting them to attend the Maternity and Child Welfare Clinic, Orchard Place.

It is noteworthy that the very large drop in the numbers of children between 5 and 15 years who received the primary course of 3 doses of oral vaccine is due to the fact that the great majority of children have received this course before reaching the normal age of school entry.”

HANDICAPPED PUPILS

"Step by step the ladder is ascended"

George Herbert, "Outlandish Proverbs"

The care of the handicapped child will always be a predominant feature in the School Health Service, and all that was written on this subject in last year's annual report still holds good. Stress can be laid on the need for more nursery accommodation.

SPINA BIFIDA

Note should be made of the increasing numbers of children with spina bifida now being admitted to the Oakes Park School for the Physically Handicapped; already there are 21 of these children in the school. Special provision for these is being planned.

MALADJUSTED PUPILS

For some time children with psychosomatic symptoms have been admitted into our schools for delicate pupils. Now, children are being referred for admittance by the psychiatrist with the frank diagnosis of maladjustment. It is possible to infiltrate a certain number of these children to their great benefit, and with no detriment to the real delicate child. The open air schools are, however, becoming overburdened with this type of case. This question will have to be considered in detail when the re-building and re-organisation of Bents Green (Delicate) School takes place next year.

EDUCATIONALLY SUB-NORMAL PUPILS

A further problem keeps arising in connection with educationally sub-normal children and travelling. Children in the infant school at East Hill are obviously too young to travel to town on their own for the special bus which takes them to and from school. The position for junior children is somewhat different. It must be remembered that though their chronological age is 7+ to 11+ years, their mental age is less than this. The three junior schools are single-sex schools, which means that some boys and girls have to travel from one end of the City to the other. The question arises whether or not it would be better for each of these junior educationally sub-normal schools to cater for both boys and girls.

SPECIAL SCHOOLS

The pupils in the following schools have been ascertained under the

Handicapped Pupils and Special Schools Regulations, 1959 and 1962, as requiring special educational treatment:—

			Accommodation for
BLIND	Sheffield School for Blind Children	... ... ...	60 pupils (res.)
PARTIALLY SIGHTED	Bents Green School	... ...	30 pupils (day)
DEAF (GRADE III) AND PARTIALLY HEARING (GRADE IIIB)	Maud Maxfield School	... ...	38 pupils (res.) 58 pupils (day)
PARTIALLY HEARING (GRADE IIA)	Hunter's Bar School (Special Unit)	... ... ...	10 pupils (day)
	Maud Maxfield School (lip reading classes)	... ...	30 pupils (day)
DELICATE	Bents Green School	... ...	40 pupils (res.) 100 pupils (day)
	Springvale House School	... ...	140 pupils (day)
	Whiteley Wood School	... ...	144 pupils (day)
PHYSICALLY HANDICAPPED	Chantrey School	... ...	40 pupils (res.) 20 pupils (day)
	Oakes Park School	... ...	120 pupils (day)
EDUCATIONALLY SUB-NORMAL	East Hill Schools :		
	Infant	... ... ...	45 pupils (day)
	Junior Boys	... ... ...	100 pupils (day)
	Senior Boys	... ... ...	120 pupils (day)
	Handsworth School (Junior Girls)	... ... ...	100 pupils (day)
	Highfield School (Senior Girls) ...	... ... ...	120 pupils (day)
	Wadsley Bridge Schools :		
	Junior Boys	... ... ...	100 pupils (day)
	Senior Boys	... ... ...	120 pupils (day)

SHEFFIELD SCHOOL FOR BLIND CHILDREN

Mr. Ferguson, the Ophthalmologist, reports:—

“As in 1963, no cases of retrolental fibroplasia were admitted in 1964 and none, so far as is known, is awaiting admission. They used to number a third of the pupils in the school, but the proportion has now fallen to a quarter. The cause of this condition is now known; it was due to the administration of oxygen to premature babies in too high a concentration.

Yet the total numbers in the school continue to rise, the highest number on the registers during the year being 68 (the highest yet), whereas the recognised accommodation of the School is 60. Of the 62 pupils in the school at the end of the year, 14 were suffering from retrolental fibroplasia, 9 from congenital cataracts and 10 from optic atrophy”.

BENTS GREEN SCHOOL (PARTIALLY SIGHTED CLASSES)

Mr. Ferguson further reports:—

“These classes are to be split up and removed from Bents Green, the junior class to Stradbroke Junior School and the senior to Brook Secondary (Modern) School. At present there is no waiting list.

It is worth pointing out that partially-sighted children, like blind children, can have grammar type education. Some ‘border-line’ cases manage successfully at ordinary schools. Of the 23 pupils in these classes at the end of the year, 8 suffered from congenital cataracts, 3 from retrorenal fibroplasia and 3 from albinism”.

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below:—

RESULTS OF EXAMINATIONS

Recommended for admission to a day special school for the educationally sub-normal	55
Recommended for education in an ordinary school with special educational treatment	56
Found to be educationally sub-normal, but for further consideration as to disposal	6
Examined but decision deferred as to educational sub-normality ...	1
Referred to the Child Guidance Centre for investigation	2
Found to be unsuitable for education and recommended for notification to the Local Health Authority—Section 57 (4)	21

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL

Left on attaining the leaving age	73
Removed at an earlier age as incapable of receiving further benefit ...	6

TOTAL NUMBER NOTIFIED TO LOCAL HEALTH AUTHORITY (MENTAL HEALTH SUB-COMMITTEE)

	Boys	Girls
Children incapable of receiving benefit or further benefit from instruction in school	9	9
Re-examined and still incapable	2	1
Educationally sub-normal children notified on attaining the school leaving age	43	24

DIABETES

11 pupils with this condition are under one or other of the hospital diabetic clinics but are fortunately fit to attend an ordinary school. Special diets are provided where necessary, children participate in games and general school activities so far as is advisable, but no injections are given in school. In addition, 1 child is in a residential hostel for diabetic pupils.

CEREBRAL PALSY

There is a total of 85 children with this condition known to us in the City. It will be seen from the following table, giving their disposal, that the majority of those of school age are fit to attend some form of day school.

It is the residue, who are very severely handicapped, who constitute the real problem:—

Total number of children	...	.....	...	...	...	85
Unsuitable for education in school and under the care of the local health authority	...	...	...	...	...	20
Number requiring education	...	...	...	...	...	65
Disposal of the educable children:						
At ordinary schools	...	...	...	...	...	16
In day special schools for:—						
Physically handicapped	...	...	...	...	12	
Educationally sub-normal	...	...	...	...	4	
Deaf	...	...	...	...	2	
Delicate	...	...	...	...	2	
Cerebral palsied	...	...	...	...	18	
					—	38
In residential special schools (including 8 at Chantrey School)						10
Receiving home tuition	...	...	...	...	...	1
					—	65
					—	—

HOME TUITION

In addition to the children who attend special schools, there are some who are unable to attend school because of conditions such as cerebral palsy. Home tuition is arranged for these wherever possible, and they are kept under periodic review. At the end of the year, there were 7 children being educated in this way. In addition, tuition by teachers is given to children in the local hospitals who are considered capable of benefiting therefrom.

CHILDREN MAINTAINED IN RESIDENTIAL SPECIAL SCHOOLS AND HOMES OUTSIDE THE CITY, DECEMBER, 1964.

At the end of the year, 70 children were in residential special schools and homes outside the City. A summary of these cases is given on page 57.

FULL-TIME COURSES OF FURTHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students continued attendance at recognised institutions:—

Birmingham Royal Institution for the Blind (diagnostic training)—2 males.

Royal National Institute for the Blind—School of Physiotherapy (one female).

Royal Normal College for the Blind (two males and one female, short-hand and typewriting.)

AFTER CARE

The liaison between the Senior School Medical Officer and the senior medical officers having the responsibility for the after-care of the handicapped school-leavers continued. The importance of this becomes more and more apparent. These children and their parents should know to whom they can turn for help and advice if necessary, and also the place where they should go for this. At present, the medical officer in charge of the appropriate after-care department visits the school; it would be helpful to the children if this could also work in reverse, and the school leavers be taken in small groups to the consulting room of the medical officer concerned.

MISCELLANEOUS

"Gather up the fragments that remain, that nothing be lost"

John, VI, 12

VISITORS

Following the usual practice, candidates for the Diploma in Child Health, and students in social science from the University, have paid visits to the various schools for physically handicapped and to school clinics.

Dr. Wilson and other medical officers from the Department of Education and Science have paid official visits. Also there have been many foreign visitors and medical officers from several local authorities.

REMAND HOMES

All boys and girls are medically examined to ensure freedom from infection before admission to the remand homes, and fully examined before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SCHOOL BUILDINGS

During the year, Chaucer Comprehensive School (No. II Building), Park House High School, and the new buildings for the Central Technical and City Grammar Schools were completed.

Minor projects also completed comprised extensions and improvements at five schools and the Granville College of Further Education.

INFECTIOUS DISEASES

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown on page 57. These numbers are not complete, but are sufficiently indicative of the trend of infection. Those referring to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

SCHOOL MEALS SERVICE

*"Winter garments must be lined,
As must slender Rosalind"*

Shakespeare, "As You Like It"

SCHOOL MEALS

Particulars of the average number of meals consumed daily in respect of each calendar month from January to December, 1964:—

January	...	...	39,416	July	...	...	37,360
February	...	...	38,747	August	...	...	—*
March	...	...	38,516	September	...	...	41,501
April	...	...	40,134	October	...	...	41,415
May	...	...	39,867	November	...	...	41,523
June	...	...	39,105	December	...	...	41,744

* All schools closed in August

		1963	1964
No. of dinners consumed by pupils on payment	6,281,240	6,841,643	
No. of dinners supplied free	...	632,130	559,616
No. of dinners supplied on part-payment of 6d.	26,776	17,941	

The following is the number of children on free meals in December (earlier years being included for comparison):—

1958	1959	1960	1961	1962	1963	1964
3,527	3,460	3,200	3,086	3,724	3,981	3,350

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to one-third-pint bottle per day per child and no charge is made.

During the year ended 31st December, 1964, 10,903,482 one-third-pints of pasteurised milk, representing approximately 454,311 gallons, are supplied to pupils in Sheffield Schools.

Beverage Milk—Average number of bottles supplied daily

1964	Primary & Secondary Schools	Non-Maintained Schools	Total
January	53,605	2,587	56,192
February	52,098	2,646	54,744
March	51,526	2,604	54,130
April	55,250	2,692	57,942
May	54,055	2,829	56,884
June	54,118	2,582	56,700
July	52,995	2,577	55,572
August	—	—	—*
September	55,339	2,580	57,919
October	54,295	2,707	57,002
November	53,013	2,651	55,664
December	52,659	2,667	55,326

* All Schools closed in August

A return to the Department of Education and Science shows that on a day in October, 1964, 85% pupils received beverage milk and 59% received dinners.

PHYSICAL EDUCATION

"As the twig is bent the tree's inclined",

Pope, "Moral Essays"

By Mr. L. Morant, Organiser of Physical Education.

"1. Introduction

During recent times there has been increasing concern that public education should evolve in such a way as to meet the needs of modern democracy by providing opportunities for all to develop naturally to the full extent of their ability. Considerable time, money and effort have been spent to ensure that no talents are wasted, and that each individual is encouraged to use such mental or physical powers as they have to the best possible advantage.

This evolution has been taking place in Physical Education throughout this century and a system of instruction which had its origin in Scandinavian Army Drill has changed completely in recent years to meet the needs of children and young people. Where the emphasis was on standardised response to a command and the completion by all of a limited syllabus of work, the teacher now provides greater scope for individual interests and tries to ensure that the response is in accordance with individual ability and aptitude.

The great increase in the amount of leisure in recent years has given the teacher greater responsibilities, and at the same time emphasised the need for wider scope of activity. The fact that the school population is apparently advancing to 138 hours of leisure each week, or even to the extra-curricular type of education advocated in the Newsom Report points the need for the greatest possible variety of activity and challenge if our future citizens are to lead a full life.

Head Teachers have realised this for some time and there are few secondary schools, if any, which do not offer the widest possible programme of educational and recreational activity varying from coaching in the national social games and athletic events, to participation in youth hostelling, fell-walking, canoeing, sailing and similar outdoor pursuits. Much of this work is done voluntarily out of school hours and there is an increasing tendency for young people to wish to participate in activities for small groups, rather than to limit their leisure time recreation to the traditional national team games. More Local Education Authorities are buying residential Outdoor Pursuits Centres and School Camps in suitable sites so that parties of schoolchildren can attend in school hours and out, and obtain the benefits of an educational programme conducted in a pleasant environment mainly in the open-air.

During the past year the need for more opportunities and greater scope of this type has been acknowledged nationally in at least two ways. First by the publication in August of the Joint Circular by the Ministry of Housing and Local Government and the Department of Education and Science on the Provision of Facilities for Sport. Surveys of existing facilities are being conducted but it will be obvious that the increased demands call not only for more provision but also for different facilities such as covered games areas, floodlit hard-play areas, multi-purpose games centres, and Outdoor Pursuits Centres.

The fact that the work of teachers out of school hours has extended in scope and variety was acknowledged in the report of a National Working Party which advocated adequate insurance cover. The Local Education Authority has accepted the recommendations and taken appropriate action.

Further progress has been made locally with the development of facilities, and the transfer of the City Grammar and Central Technical Schools to new buildings, the opening of Park House High School and the development of Chaucer and Myers Grove Comprehensive Schools has made it possible for many more pupils to have the regular use of excellent gymnasia and playing fields. The modifications carried out under the Minor Works programme at Morley Street Junior and Infant Schools and at Norton Free Junior and Infant School, have also provided much improved conditions. There has been a considerable improvement in the condition of the floors in halls and gymnasia and this opportunity is taken of paying tribute to the work of all those responsible for maintenance. A large clean unencumbered floor space is essential for the safe conducting of lessons involving movement of large numbers of children. Splendid pavilions are being built on the playing fields at Norton and at Ash House which will be much appreciated by the students of Granville College of Further Education and of the City Training College.

As re-organisation has proceeded, each school has been equipped in a manner appropriate to its new role, and educational philosophies and teaching techniques have been modified where this seemed desirable. All types of schools and evening classes have received regular visits from members of the organising staff who have assisted teachers by taking demonstration lessons, giving advice, and conducting In-service Courses for teachers. This work becomes more important and necessary as more teachers return to the schools after a break in their service, and as the scope of the work increases throughout the age range.

The following Courses and Lecture Demonstrations were held:

							Number attended
Physical Education for Teachers of Juniors	...	...	...	...	...	...	90
Physical Education for Teachers of Infants	...	...	...	...	...	...	65
Recreational Physical Training for Evening School teachers (Men)	...	...	...	...	...	...	42
Recreational Physical Training for Evening School teachers (Women)	...	...	...	...	...	...	26
Athletics for men and women teachers	...	...	...	...	...	...	12
Olympic Gymnastics for men and women teachers	...	...	...	...	...	...	44
Rebound Tumbling (Trampolining) for men and women teachers	...	...	...	...	...	...	42
Morris and Sword Dancing	...	...	...	...	...	...	20
Coaching and Refereeing of Association Football	...	...	...	...	...	...	18
Coaching and Refereeing of Basket Ball	...	...	...	...	...	...	12
Drownproofing	...	...	...	...	...	...	84
Lecture Demonstration for members of Froebel Society	...	...	...	...	...	...	120
Teaching of Infants for married women returning to the profession	...	...	...	...	...	...	30

2. Activities in Schools

(a) *Physical Education*

During the year programmes have been extended and modified in the light of current research on matters relating to growth and development, mental, moral and social, as well as physical. At the primary stage the desirable results are obtained by progressive training in movement, dances of various types, the coaching and playing of appropriate games, and swimming. Experimental work has continued with the correlation of training in movement, music, drama and art, and some of the results obtained have indicated that this type of work can stimulate and develop the imagination and powers of expression.

The same aim of providing a suitable environment and training for the natural development of each individual is extended in the secondary school to meet the recreational and social needs of those who will soon be leaving school. With more leisure time and money than their predecessors have ever enjoyed, they may be exposed to commercial interests whose primary concern is not public welfare. It is essential therefore to provide opportunities for the development of wide interests and sound values. For this reason it is not uncommon to find pupils being introduced to such activities as archery, badminton, camping, canoeing, fell-walking, fencing, golf, rock-climbing and sailing, in the hope that they will find a healthy recreational hobby when school days are over. We are near to excellent country for the practice of many of these pursuits and a suitable centre for parties to visit would be a great asset.

(b) *Games*

New playing fields have been taken into use, or are being prepared for the Central Technical School, the City Grammar School, Granville College of Further Education, Myers Grove Comprehensive School and St. John Fisher R.C. Secondary School. As in most other urban areas however, with a shortage of suitable land and the difficulty of maintaining turf which has been over used, it does not seem possible to satisfy the demand. This can only be done by providing hard all-weather games surfaces, preferably floodlit for evening use, and by building covered games areas which have a much larger floor area than the standard gymnasium but cost less because of their light structure.

Head Teachers are making the most of the opportunities for social and recreational training by the organisation of games schemes which are wide in scope. The fixture lists are no longer parochial but are obviously designed to widen experience. It is becoming increasingly common for as many as 10 teams from one school to visit another for a variety of Saturday morning games.

Excellent arrangements have been made by enthusiastic teachers for the usual considerable number of inter-school leagues and tournaments. The results are summarised below:

(i) *Association Football*

Competition	No. of Teams	Winners	Runners-up
City League Championship (under 16)	20	Silverdale Secy. St. Peter's R.C. Secy. }	Joint Winners
City League (under 15)	4	Beaver Hill Secy.	St. Peter's R.C. Secy.
Clegg Shield ...	16	St. Peter's R.C. Secy.	Norfolk Secy.
United Sheild...	16	Wybourn Secy.	Shiregreen High
Wednesday Shield ...	18	Wybourn Secy.	Southey Green High
Handsworth Cup ...	16	Woodthorpe Secy.	Walkley Mixed.
Knock-Out Competition	16	Hurlfield Secy.	Hinde House Comp.

The following boys gained County Honours during the season:—

- M. Fitzpatrick (Coleridge Road High School)
- J. Cooke (St. Peter's R.C. Secondary School)
- R. Bryan (St. Peter's R.C. Secondary School)

R. Bryan also represented England against Northern Ireland, Wales, Germany and Eire.

(ii) *Rugby Football*

This game is becoming increasingly popular. 22 teams took part in the annual tournament in the mid-term holiday when it was obvious that good coaching is having an effect on the standard of play and the understanding of the game.

The competition winners were:—

Price Cup	Hartley Brook Secondary (under 15 team)
Luther Milner Shield	Hartley Brook Secondary

(iii) *Hockey (Girls)*

With the increase in the number of pitches more schools are playing the game—indeed, all secondary schools include it in their programme. The League Competition was won by Norfolk Secondary School with Silverdale Secondary Schools as runners-up.

(iv) *Hockey (Boys)*

An increasing number of schools are offering this game for their boys, mainly in winter, though some are finding it popular in the summer. Boys who have not been particularly keen on association or rugby football or cricket have welcomed the opportunity to play this game.

(v) *Cricket*

In spite of the weather every effort is made to improve standards of play by regular purposeful coaching. The basic skills are taught in the gymnasium before the start of the season and this is followed up by coaching at the nets as soon as possible. In this connection the hard wickets which are provided for the new schools are most useful and it is unfortunate that the financial position does not yet allow for these to be supplied for all schools.

The indoor nets at Bramall Lane have again been hired on every Friday evening throughout the winter and spring terms, and some 150 boys have benefited from the instruction given voluntarily by enthusiastic teachers.

There was an excellent response for the 6-a-side Knock-Out Competition, 32 teams taking part and nine pitches being used. The competition was won by Woodthorpe Secondary School.

The results of the local competitions were as follows:

Competition	No. of Teams	Winners
Stokes Shield ... ... ...	... 23	Silverdale Secondary
Barber Shield ... ... ...	... 23	Southe Green High
Six-a-side Knock-Out ... ...	... 32	Woodthorpe Secondary

(vi) *Netball*

More facilities for this game have been provided and coaching courses have been held. All the girls' secondary schools play this as one of their major games and a regular programme of inter-school matches were played throughout the season.

The results of the competitions were as follows:

Competition	No. of Teams	Winners
Graves Shield	27	Abbeydale Secondary
Creswick Shield	27	Meynell Road Secondary

(vii) *Rounders*

The annual tournament held at the Abbeydale Girls' Grammar School was a great success. Approximately 1,500 children and 200 teachers were present, and 5 knock-out tournaments proceeded simultaneously on the 22 pitches prepared.

The results of the inter-school competitions were as follows:

League

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield ...	28	Shirecliffe High	St. Theresa's R.C.
Fred Bye Trophy ...	29	Norfolk Secondary	Meynell Road Secy.
Quine Trophy ...	12	Hurlfield Secy.	Jordanthorpe Secy.
Eaton Cup ...	41	Wybourn Junior	Whitby Road Junior
Carr Cup ...	45	Hucklow Road Junior	Wybourn Junior

Tournament

Competition	No. of Teams	Winners	Runners-up
Slavin Cup ...	35	Meynell Road Junior	Phillimore Road Jnr.
Brightside Cup ...	36	Pipworth Road Jnr.	Hillsborough Jnr.
Miller Trophy ...	30	Wybourn Secondary	Norfolk Secondary
Drew Trophy ...	30	Hurlfield Secondary	Shirecliffe High

(viii) *Basket-ball*

This game has increased so much in popularity that it was decided that the 8th Annual Tournament should be the last of its type. So many schools wish to take part that it is impossible to complete the programme in one day. There has also been a tremendous improvement in the standard of play. The Tournament was won by Newfield Secondary Boys' School.

(ix) *Tennis*

The Authority now has over 100 hard tennis courts under its control all of which are used regularly in the season for class-coaching purposes and for match play.

A very successful tennis league was conducted throughout the year and the annual tournament was again held at Myers Grove Comprehensive School. The results were as follows:

League

Competition	Winners	Runners-up
Girls' Doubles ...	Ecclesfield Grammar	Newfield Secondary
Mixed Doubles ...	Silverdale Secondary	Newfield Secondary
Boys' Doubles ...	Silverdale Secondary	Rowlinson Technical

Tournament

Competition	Winners	Runners-up
Girls' Doubles ...	Ecclesfield Grammar	Newfield Secondary
Mixed Doubles ...	Ecclesfield Grammar (A)	Ecclesfield Grammar (B)
Boys' Doubles ...	Silverdale Secondary	Rowlinson Technical

(x) *Badminton*

This game has become very popular and is played in most of the school halls and gymnasia after school hours. It is conducted as a club activity with pupils taking the responsibility for organisation. The standards of play, dress and behaviour are very creditable to all concerned.

An inter-schools league provided an interesting series of evening matches throughout the season and the finals were held at Hinde House Comprehensive School.

The winners were as follows:

League					
Girls' Doubles	...	...	...	...	Coleridge Road Girls' High
Boys' Doubles	...	...	...	...	A League, Silverdale Secondary
Mixed Doubles	...	...	...	...	B League, Rowlinson Technical
Newfield Secondary					
Tournament					
Girls' Doubles	...	...	...	...	Norfolk Secondary
Boys' Doubles	...	...	...	...	Newfield Secondary
Mixed Doubles	...	...	...	...	Hinde House Comprehensive

(c) *Athletics*

More training areas have been provided and all secondary school pupils are now able to train under suitable conditions either in the gymnasia or outdoors according to the weather. The improvement in facilities, and the good coaching being given, have naturally produced improved standards, and at the Annual Athletics Championship at the Hillsborough Park track many records were broken. Abbeydale Secondary School won the championship with Waltheof Secondary School the runners-up.

A strong team was again selected for the Yorkshire Schools Championships and 1 girl and 4 boys became county champions in their event. They were all chosen to represent Yorkshire in the National Championships where they helped to win the Inter-County Competition. Sheila Parkin won the senior long jump and went on to represent the Country in the Olympic Games. Roger Pontefract of Abbeydale Boys' Grammar School won the Intermediate steeplechase.

Cross-country running is increasing in popularity in boys' schools and the inter-school league which meets every Saturday morning throughout the season was supported by 36 schools. Abbeydale Grammar School had a particularly good season winning both the Intermediate Championship of the Senior Atkin Trophy and the North Midland Grammar Schools Championship.

(d) *Dance*

With the emphasis on development of the powers of imagination and self-expression, dancing of all types is playing an increasingly important part in the physical education programme. The effort has been to make this work as comprehensive as possible, and progress is made from training in the interpretation of simple rhythms and performance of fundamental steps leading on to dramatic movement and later finding expression in modern educational dance. Concurrently traditional dances of the British Isles and national dances from other lands are taught. All these types of activity provide an enjoyable means of encouraging graceful self-expression through movement, and sound standards of social behaviour.

Sheffield Dance Circle

The circle continued to meet during the Spring and Autumn terms and enjoyed a varied programme of national and expressive forms of dancing. The opportunity provided for the study by teachers of the various types of dancing is very helpful to them and is reflected in their work in schools.

(e) *Camping and School Journeys*

The interest in these activities which has been previously reported has continued to develop. Almost all secondary schools organise expeditions to centres of geographic or cultural interest abroad, but there has been an increase in the organisation of camps in this country at which the pupils have to take responsibility for some of the organisation and routine duties involved in living communally in a strange environment.

The Ministry of Education has encouraged this type of activity for several years by grant-aid and by organising courses for teachers and youth leaders. The educational values of camping, whether on a fixed site in a large party or in small groups with light mobile equipment, are particularly obvious for children living in the city. The schools have realised this and many children have learned more about themselves and others by camping, whilst at the same time being introduced to such activities as rock-climbing, canoeing, hiking and mountain pursuits which will provide a healthy, recreational interest in post-school life.

More authorities are providing centres where these activities can be introduced under expert guidance and the Committee may wish to consider the needs of local pupils in this connection.

(f) *Swimming*

The main aim of the scheme of instruction has been to have every pupil able to swim at least 25 yards before leaving the primary school. Returns received from schools indicate that many have achieved complete success and almost all approach it very closely. Teachers in the secondary schools have also reported that so many children are able to swim on transfer that they are

able to concentrate from the beginning on more advanced work. These excellent results have been achieved largely because of the good work of teachers who have used the most modern methods of instruction, and the concentration on confidence training and mobility in the water, rather than uniformity of style in the initial stages, have stimulated even the timid children to great efforts. The Committee have also been generous in their provision of transport to baths which are not conveniently placed for present school requirements. The building of "learner baths" at some of the outlying schools would save much time and money which is now spent on transport.

Progress has been made in changing over to the new methods of instruction and conditions of awards of the Royal Life Saving Society, and the results in this branch of swimming and in competitive swimming have again been very good.

ATTENDANCES IN SCHOOL TIME

Year	No. of Attendances
1961	267,584
1962	309,737
1963	325,834
1964	304,984

DISTANCE CERTIFICATES

Lengths in Yards	Boys				Girls			
	1961	1962	1963	1964	1961	1962	1963	1964
25	2,852	2,779	2,772	2,820	2,688	2,511	2,637	2,786
100	2,156	2,161	2,291	2,338	1,943	1,737	2,138	1,958
440	1,699	1,657	1,728	1,858	1,310	1,291	1,361	1,448
880	1,537	1,491	1,689	1,636	988	919	836	996
	8,244	8,088	8,480	8,652	6,929	6,458	6,972	7,188

Grand Totals	1961	...	...	...	15,173
	1962	...	...	...	14,546
	1963	...	...	...	15,452
	1964	...	...	...	15,840

(i) *Life Saving*

Awards made by the Royal Life Saving Society for success in their examinations were as follows:

		1963	1964
Intermediate Certificate	...	1,578	823
Bronze Medallion	...	767	462
Bronze Cross	...	21	39
Scholar Instructor	...	51	23
Instructor	...	22	27
Award of Merit	...	20	15

The conditions of examinations were changed so much to bring them into line with modern educational thought that there would be no point in comparing results with those of previous years but the number of certificates gained and the quality of performance have been well maintained.

The following trophies for life-saving were gained by Sheffield Schools:

The Viner Shield	...	...	Coleridge Road Boys' High School
The Bolton Memorial Cup	...	...	Coleridge Road Boys' High School
The Potter Cup—Boys	...	...	Waltheof Secondary
Girls	...	...	Waltheof Secondary
The William Henry Cup—			
Boys	...	...	Waltheof Secondary
Girls	...	...	Hurlfield Secondary
Biggin Shield	...	...	Abbeydale Boys' Grammar School

Waltheof Secondary School achieved a feat which is probably unique when their boys' team and girls' team both won the Championship of Division 3 (Yorkshire and Lincolnshire) for Life Saving.

(ii) *Awards of Merit*

These awards are made by the Sheffield Schools' Swimming Association and can only be gained by very accomplished swimmers:

Year	Boys	Girls	Total
1964	49	34	83
(1963)	(54)	(20)	(74)

(iii) *Free Passes to Baths*

During the year, every school where 20 or more pupils attending Corporation baths obtained certificates was awarded one free pass for boys and one for girls by the Cleansing and Baths Committee. A similar privilege was granted by the Education Committee to schools attending the Woodthorpe and King Edward VII swimming baths. These passes provide an incentive and give the more capable swimmers an opportunity to make the most of their talents.

Passes were awarded as follows:

City Teams	...	...	...	...	...	...	35
Training Scheme	...	...	...	...	...	...	44
Schools attending Public Baths	...	...	...	...	...	...	197
Woodthorpe and King Edward VII Baths	...	...	...	...	...	...	24
							300

(iv) *H.M.S. "Sheffield" Trophy*

The artificers of H.M.S. "Sheffield" made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. The competition was won by Waltheof Secondary School for the third year in succession.

(v) *The Winter Squadron Leagues*

These competitions continued to maintain interest in inter-school swimming throughout the winter and Mr. H. Hughes, the secretary, is to be congratulated on the good work done.

The results were:

Senior:	Boys	...	...	...	...	Abbeydale Secondary
	Girls	...	...	...	...	Abbeydale Secondary
Junior:	Boys	...	...	...	...	Abbeydale Secondary
	Girls	...	...	...	...	Jordanthorpe Girls' Secondary

(vi) *English Schools' Advanced Award*

This award demands all-round proficiency in swimming, both in style and speed, and above-average ability in diving. In 1964, 14 boys and 10 girls from Sheffield schools were successful.

(vii) *Further Education*

The swimming classes arranged in connection with Evening Institutes were well attended and successful. A number of adults were taught to swim and several qualified for the awards of the Royal Life Saving Society.

3. School Sports and Tournaments

The number of schools organising their own open days, sports days and swimming galas is constantly increasing. These occasions, which are naturally the culmination of much hard work, serve a very useful purpose in acting as an incentive to teachers and children, in establishing good relations between staff, parents and members of the public, and improving the prestige of the school as an influence for good in its environment.

4. Out-of-School Activities

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are fortunate in the amount, scope and quality of the voluntary efforts made for their benefit. It is not without significance that many Sheffield teachers are prominent in the organisation of schools' sport at county and national level. Although the teachers concerned derive their main pleasure from the physical and social development of their charge, it is appropriate that their devoted service should receive this acknowledgement.

Among the organisations working consistently throughout the year are the Schools' Athletic Association and the Schools' Swimming Association. Other organisations making valuable contributions are the Teachers' Folk Dance Club, the Sheffield Dance Circle, the Teachers' Netball Club, and the Men Teachers' Cricket, Hockey and Football Clubs.

(a) *The Sheffield Schools' Athletics Association*

The members of this association, the second oldest of its type in the country, have a proud record of 74 years' voluntary service for the children

of the City's Schools. An innovation this year has been the formation of a table-tennis section. The constituent sub-committees have all organised coaching and competitions in their own activities and their efforts have again been co-ordinated by the general secretary, Mr. B. Smith, who succeeded Mr. E. Cornthwaite. The secretary of the association football section, Mr. J. Watkin, again reports a successful season, with the many league competitions completed.

The rugby football section under the leadership of Mr. Gallagher has continued to develop and now seems to be prepared for a period of rapid expansion.

The rounders section under Mr. D. Foster and the netball section under Mrs. Moore have both had a busy and successful year, during which they have catered for very large numbers in league competitions and rallies.

Mr. H. Whitham, the secretary of the athletics section, reports a very active season in which Sheffield children have been successful in county and national events. The fact that Sheila Parkin and Jill Slattery were chosen to represent the United Kingdom in the Olympic Games at Tokyo proved that excellent opportunities exist for pupils to develop according to maximum capacity.

(b) *The Sheffield Schools' Swimming Association*

The association has had its normal year of great activity and considerable success. In the Yorkshire Schools' Swimming Championships, Sheffield were again successful with a total of 195 points, Leeds being the runners-up with 144.

Mr. Hughes, Mr. Price, Mr. Ellis and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

(c) *The Sheffield Teachers' Folk Dance Club*

This club has continued to encourage the teaching and practice of folk and traditional dances in schools, clubs and institutes under the jurisdiction of the Education Committee.

The twentieth annual week-end course was held at Chaucer Comprehensive School, attracting 70 teachers. The club is thriving, thanks to the efforts of Miss A. Bailey and Miss T. Ballard.

5. Conclusion

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his senior staff; of the helpful co-operation of the Principal School Medical Officer, the Senior School Medical Officer and the staff of the School Health Service; of the kindly assistance of the office staff and personal colleagues; and of the friendly relationships existing with the teaching staff."

STATISTICAL INFORMATION

"Talk to him of Jacob's Ladder and he would ask the number of steps"

Douglas Jerrold, "A Matter-of-Fact Man"

SUMMARY OF THE WORK OF THE SCHOOL HEALTH SERVICE, 1964

				Children	Attend- ances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—					
Visits to Schools	...	...	...	1,707	
Periodic health inspections	...	...	...	13,251	
Selected cases	...	...	...	1,442	
Re-inspections	...	...	...	5,342	
Special cases...	...	...	...	2,662	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—					
Inspection and minor ailments clinics	...	...	...	14,495	23,204
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—					
Examinations of children in schools	...	...	...	226,179	
Visits to homes	...	...	...	1,905	
Minor dressings at clinics and schools	...	...	...	19,431	43,133
OPHTHALMIC CASES—					
Examined by surgeon	...	...	...	2,784	2,955
Dressed by school nursing sisters	...	...	...	1,177	5,039
Orthoptic treatment	...	...	...	870	1,772
AURAL CASES—					
Examined by surgeon	...	...	...	411	577
Dressed by school nursing sisters	...	...	...	1,902	8,206
ORTHOPÆDIC CASES—					
Examined by surgeon	...	...	...	240	257
RHEUMATISM AND HEART CASES—					
Examined by physician	...	...	...	61	64
CHIROPODY CLINIC—					
Treated by chiropodist	...	...	...	853	1,808
DENTAL CLINICS—					
Inspected at schools	...	...	...	10,175	
Inspected at clinics	...	...	...	3,425	
Treated by school dental surgeons	...	...	...	5,095	16,177
IMMUNISATION AGAINST DIPHTHERIA, ETC.—					
At schools and clinics	...	...	...	9,937	
CHILD GUIDANCE CENTRE	...	...	...	1,158	5,316
SPEECH THERAPY CLINIC	...	...	...	330	4,077
TOTAL ATTENDANCE OF CHILDREN AT CLINICS	...				122,522

PERIODIC HEALTH INSPECTIONS

The number examined at periodic health inspections was:—

Entrants (those born 1958 and later)	...	6,360
Leavers (those born 1950 and earlier)	...	6,891
		13,251

1,771 (1,484*) pupils were found to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease), or 13·4 per cent of those inspected.

3,427 (3,133*) pupils were referred for observation at subsequent periodic health inspections.

*1963 figures

SPECIAL EXAMINATIONS

1,442 children in infant, junior and secondary schools were examined as "selected" cases. 1,327 defects were found, of which 669 required treatment and 658 observation only.

5,342 (5,741*) pupils who had been referred for observation at previous periodic health inspections were re-examined.

*1963 figures

CLEANLINESS (PERIODIC HEALTH INSPECTIONS)

The figures from 1962 and onwards relate to 'entrants' and 'leavers' only. (See page 27 for the results of the cleanliness survey carried out by the school nursing sisters in all schools).

Cleanliness of Head

	Boys	... 1945	... ...	CLEAN	INFECTED	(Nits	2·81	Lice	·15)
				per cent.	HAIR				
	Boys	... 1945	... ...	97·04	2·96	(Nits	2·81	Lice	·15)
		1961	... ...	99·41	·59	(,,	·58	,,	·01)
		1962	... ...	99·58	·42	(,,	·4	,,	·02)
		1963	... ...	99·59	·41	(,,	·39	,,	·02)
		1964	... ...	99·43	·57	(,,	·57	,,	—)
	Girls	... 1945	... ...	83·24	16·76	(,,	15·83	,,	·93)
		1961	... ...	97·04	2·96	(,,	2·95	,,	·01)
		1962	... ...	98·12	1·88	(,,	1·8	,,	·08)
		1963	... ...	98·24	1·76	(,,	1·76	,,	—)
		1964	... ...	98·24	1·76	(,,	1·75	,,	·01)

Cleanliness of Body

	Boys	... 1945	... ...	CLEAN	DIRTY	BODY LICE	per cent
				per cent	per cent		
	Boys	... 1945	... ...	99·56	·41	·03	
		1961	... ...	99·87	·13	—	
		1962	... ...	99·99	·01	—	
		1963	... ...	100·00	—	—	
		1964	... ...	99·89	·11	—	
	Girls	... 1945	... ...	99·65	·3	·05	
		1961	... ...	99·98	·02	—	
		1962	... ...	100·00	—	—	
		1963	... ...	100·00	—	—	
		1964	... ...	99·91	·09	—	

GENERAL CONDITION

(This classification, though primarily concerned with physical fitness, also includes poise and general demeanour)

The percentages found at periodic health inspections to be unsatisfactory were, boys ·03%, and girls ·06%. Malnutrition through lack of food is rare. Figures for heights and weights are given in tables on pages 61 to 64.

Only two classifications—satisfactory and unsatisfactory—are considered necessary by the Department of Education and Science. Every case judged unsatisfactory by the medical officer is therefore carefully investigated, with special attention to home conditions.

EYE DEFECTS

Number of children found to have defective vision at the periodic health inspections ('entrants' and 'leavers' only):—

		Number examined	Defective vision
Boys ...	...	6,241	602 (9·65%)
Girls ...	...	6,190	635 (10·26%)

Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9 and 13 is tested by the school nursing sisters (this means that a child's vision is tested every other year as a matter of routine). The school nursing sisters referred 284 (443*) children to the medical officers at the clinics: of these 178 (313*) were found to require examination by the ophthalmologist and 82 (121*) were kept under observation. No treatment was found to be necessary in 16 (4*) cases; the parents of 8 (5*) children elected to have treatment through their general practitioners.

*1963 figures

OPHTHALMIC TREATMENT

Summary of Work

	Cases	Attendances
Errors of refraction:—		
Hypermetropia and hypermetropic astigmatism	836	852
Myopia and myopic astigmatism	1,207	1,229
Mixed astigmatism	117	118
Anisometropia	141	144
Congenital defects	147	254
Inflammatory conditions	14	23
Injuries	12	13
Squint:—		
Strabismus, convergent	155	162
Strabismus, alternating convergent	45	48
Strabismus, divergent	9	11
Strabismus, alternating divergent	4	4
Phoria	17	17
No apparent defect	80	80
	2,784	2,955

Glasses: prescribed	...	...	...	...	...	...	2,346
Glasses: replacements and repeat prescriptions						...	35
Referred to orthoptists	...	...	...	...	...	...	215
Referred to school medical officers for treatment						...	14
Treated otherwise	...	...	...	...	...	...	26
Under observation	...	...	...	...	...	...	422
Not seen this year	...	...	...	...	...	...	1,024
New cases seen in 1964						...	805

ORTHOPTIC TREATMENT

At the beginning of the year, the cases outstanding from 1963 numbered 665 (590*). Of the 215 (210*) children referred during 1964, 205 (206*) became registered patients, the total attendances made by all cases being 1,772 (1,960*). 145 (131*) cases were discharged during the year, leaving 725 (665*) cases still open at the end of the year.

The details of the discharges during the year are as follows:—

After investigation, found to be unsuitable for treatment	...	...	11	(4*)
Cured	...	...	45	(55*)
Improved	...	...	16	—
Cosmetically satisfactory	...	...	15	(16*)
Left district or transferred	...	...	23	(9*)
Failed to attend	...	...	16	(36*)
Treatment refused	...	...	4	(2*)
No apparent defect	...	...	15	(9*)
			<u>145</u>	<u>(131*)</u>

* 1963 figures

EAR, NOSE AND THROAT

The total number of children seen during the year was 411 (477*), of whom 319 (371*) were new cases. The children made 577 (648*) attendances.

*1963 figures

The hospitals have supplied the following figures for operations for tonsils and adenoids:—

Royal Infirmary	...	...	...	...	...	...	25
Royal Hospital	...	...	...	...	...	...	349
Children's Hospital	...	...	...	...	...	...	226
Tonsillectomy Unit	...	...	...	...	...	...	944
							<u>1,544</u>

The following table gives an analysis of the reasons for attendance at the clinic:—

Tonsils and adenoids	...	...	...	...	...	...	207
Tonsils	...	...	...	...	...	...	11
Adenoids	...	...	...	...	...	...	75
Otitis media	...	...	...	...	...	...	15
Deafness	...	...	...	...	...	...	122
Other conditions	...	...	...	...	...	...	105
Consultation—no treatment advised at present						...	42
							<u>577</u>

PRE-SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

Cases under review at beginning of year	...	...	...	...	14
Referred during the year	...	...	...	...	99
					—
					113
					—
Admitted to Maud Maxfield School Nursery	...	...	...	...	3
Referred to aural surgeon and awaiting operative treatment	...				6
Referred to local authority with appropriate recommendation					3
Receiving auditory training	...	...	...	...	12
Hearing found to be satisfactory	...	...	...	...	80
Cases still under review at end of year	...	...	...	...	9
					—
					113
					—

Sources of new cases referred during year were as follows:

Otologists and paediatricians	...	...	...	...	...	14
Maternity and Child Welfare	...	...	...	...	...	79
Social Psychiatry	...	...	...	...	...	1
Parents' request	...	...	...	...	...	1
School medical officers	...	...	...	...	...	1
Other local authorities	...	...	...	...	...	3
						—
						99
						—

SPEECH THERAPY

Analysis of work carried out during 1964

Cases open on 1st January, 1964	...	...	...	...	...	244
Cases on waiting list, 1st January, 1964	...	...	...	...	...	55
Cases referred during 1964	...	...	...	...	...	112
						—
						411
						—
Cases closed during 1964	...	...	...	...	...	109
Cases open on 31st December, 1964	...	...	...	...	...	221
Cases on waiting list, 31st December, 1964	...	...	...	...	...	81
						—
						411
						—

Interviews

Treatment interviews with children	...	...	...	...	...	3,969
Diagnostic interviews with children	...	...	...	...	...	108
Interviews with parents	...	...	...	...	...	356
Interviews with other members of School Health Service						158
Recall interviews after discharge	...	...	...	...	...	13
Visits made by speech therapists to schools, etc.	...	...	...	...	...	39

Children referred for further examination

To educational psychologist for mental assessment	...	...	...	...	...	25
For audiometer test	...	...	...	...	...	9
To Child Guidance Centre for opinion and treatment	...	...	...	...	...	6
For examination	...	...	...	...	...	1
For examination by otologist	...	...	...	...	...	2
To plastic surgeon	...	...	...	...	...	1

Reasons for Closure during 1964

Treatment Cases

							A	B	C
*1.	Good result	...	...	...	...	...	4	2	33
2.	Maximum benefit	...	...	...	...	...	1	—	12
3.	Left school or district prior to completion of treatment						1	2	7
4.	Non-attendance	...	...	...	...	...	—	—	11
5.	Parents' request	...	...	...	...	...	2	2	6
6.	Parent or patient unco-operative	...	...	...	...	...	—	—	1
7.	Receiving treatment elsewhere	...	...	...	...	...	4	1	1
8.	Unsuitable for speech therapy	...	...	...	...	...	—	—	3
9.	Attendance not possible	...	...	...	...	...	—	—	2

A=stammer; B=stammer + speech defect; C=speech defect

(*All cases in this category are given a period of supervision prior to closure).

Observation Cases

Treatment not indicated after supervision	...	...	...	12
Treatment not indicated at preliminary interview	...	...	...	2
Number of cases	...	...	...	330
Number of attendances	...	...	...	4,077

HEART DISEASES AND RHEUMATISM CLINIC

Condition	New cases	Old cases	Attendances
1. No Rheumatism or Heart Disease			
(a) Functional murmurs	9	5	15
(b) Physiological arrhythmias	1	2	4
(c) No cardiac signs	1	—	1
2. Rheumatic Fever			
(a) Active { with without } heart affection	{ 1	2	2
(b) Inactive { with without } heart affection	{ 1	5	7
	1	15	16
3. Rheumatic Chorea			
Active { with without } heart affection	{ —	1	1
	—	4	4
4. Congenital Heart Disease			
Cyanotic { operated not operated	{ — 1	4	5
Non-cyanotic { operated not operated	{ — 2	1	1
	—	5	7
TOTALS	17	44	64

CHILD GUIDANCE CENTRE

Number of cases registered during 1964

Girls	...	...	...	...	...	...	...	...	236
Boys	...	...	...	...	...	...	...	...	379
								—	615

Analysis of cases dealt with

Cases closed 1964	...	...	...	...	...	...	502
E.S.N. cases closed	...	...	...	...	...	...	41
						—	543
Cases open, 31st December, 1964	...	...	...	...	...	...	659
E.S.N. cases open	...	...	...	...	...	...	93
						—	752
Cases on waiting list, 31st December, 1964	...	...	...	...	...	...	57

Reasons for closing cases in 1964

Did not attend at all	...	...	...	...	...	...	21
Consultation only	...	...	...	...	...	...	247
„ „ „ —E.S.N. cases	...	...	...	...	...	...	41
						—	288
After supervision	...	...	...	...	...	...	180
Treatment cases—							
Further attendance impossible				...	...	...	11
Patient unco-operative	...	...	...	...	...	...	1
Parent	...	...	...	...	...	...	10
Treatment completed	...	...	...	...	...	...	32
						—	543

Analysis of cases open, 31st December, 1964

Under treatment	...	...	...	...	...	...	86
Under supervision	...	...	...	...	...	...	450
Under supervision—E.S.N. cases	...	...	...	...	...	...	93
						—	543
Under investigation	...	...	...	...	...	...	25
Awaiting treatment (investigation complete)	...	...	...	...	...	...	98
						—	752

*Reasons for reference of all cases

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Total
Number of children ...	34	30	130	421	615

Sources of reference

	Head teachers	Parents	School medical officers	Speech therapists	Juvenile Court	Private doctors	Hospitals	Others	Total
Number of children ...	472	37	28	27	19	18	4	10	615

Age range on reference

Age	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
No. of children...	-	2	19	52	101	161	97	48	37	35	25	16	17	5	—	—	615

Intelligence quotient range of all cases closed during 1964

	70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total	
Number of children	...	28	72	98	123	72	50	21	8	30	502

* Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

SCHOOL NURSING SERVICE—SUMMARY OF WORK

IN THE SCHOOLS—

Attendance with school medical officers at periodic health inspection.

IN THE CLINICS

	Eye Treatment		Ear Treatment		Minor Dressings	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Attercliffe ...	109	236	283	940	1,952	3,895
Central ...	37	69	49	185	370	1,061
Chaucer ...	45	131	41	346	501	1,571
Greenhill ...	16	18	49	264	281	593
Handsworth ...	57	83	103	245	480	1,219
Heeley ...	48	86	53	262	670	1,816
Hillsborough ...	47	78	85	416	512	913
Manor ...	61	140	247	704	1,515	5,428
Nursery ...	35	91	26	93	1,539	2,494
Pitsmoor ...	139	226	284	812	961	2,487
Shiregreen ...	98	272	135	488	1,552	2,480
Southey Green	48	70	54	123	424	660
Special Schools	253	3,155	297	2,264	5,552	10,659
Wisewood ...	58	161	55	216	453	1,799
Woodhouse ...	20	28	22	71	125	370
Wybourn ...	106	195	119	777	2,544	5,688
TOTALS ...	1,177	5,039	1,902	8,206	19,431	43,133

IN THE HOMES

Visits for "following up"	774
Visits for neglect, uncleanliness, etc.	175
Visits for various purposes	956
	1,905

INFECTIOUS DISEASES

Disease	Reported from the schools				TOTAL	
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	1964	1963
Measles ...	140	84	426	840	1,490	2,911
German Measles	114	144	75	111	444	1,317
Whooping Cough	31	19	4	8	62	156
Chicken Pox ...	1,371	638	334	477	2,820	2,529
Mumps ...	1,682	626	193	70	2,571	1,879
Scarlet Fever ...	61	76	27	77	241	373
Meningitis ...	3	2	1	—	6	4
Dysentery ...	9	30	53	63	155	54

SHEFFIELD CHILDREN IN OUT-OF-CITY RESIDENTIAL SPECIAL SCHOOLS AND HOMES, DECEMBER, 1964

Condition	Boys	Girls	Total
Blind and partially-sighted	6	5	11
Deaf and partially-hearing	5	4	9
Delicate	16	1	17
Educationally sub-normal	13	4	17
Epileptic	1	2	3
Maladjusted	2	3	5
Physically handicapped	4	4	8
	TOTAL		70

CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street .. .	All	Full-time	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopaedic, heart and chiropody clinics. Central inspection, minor ailment and immunisation clinics.
Clinic for Young Deaf Children, 7, Leopold Street	All	Thurs. mornings and afternoons	Diagnosis of degree of deafness and auditory training.
CHILD GUIDANCE CENTRES:			
9, Newbould Lane	All	Full-time	Child Guidance.
Handsworth Branch Clinic, Hall Road	22	Thurs. mornings	
Catchbar Lane	25	Fridays all day	
SPEECH THERAPY CLINICS:			
Catchbar Lane	All	Full-time	Speech Therapy.
Attercliffe Branch Clinic, Vicarage Road	26	Tuesday mornings	
Greenhill Branch Clinic, Greenhill County School	8	Monday mornings	
Manor Branch Clinic, Prince Edward County School	36	Tues. afternoons and Wed. mornings	
9, Newbould Lane	50	Friday afternoons	
DISTRICT MEDICAL CLINICS:			
Attercliffe Branch Clinic, Vicarage Road	19	Mon., Wed. and Friday afternoons	Inspection, minor ailment and immunisation clinics.
Central Clinic, 7, Leopold Street— District E	17	Mon., Wed., and Sat. mornings	
District F	27	Mon. and Thurs. afternoons & Sat. mornings	
Chaucer Branch Clinic, Chaucer Comprehensive School	6	Wed. and Fri. mornings	
Greenhill Branch Clinic, Greenhill County School	8	Tuesday mornings	
Handsworth Branch Clinic, Hall Road, Handsworth	10	Wed. mornings	
Heeley Branch Clinic, Lowfield County School	38	Mon., Tues. and Fri. afternoons	
Hillsborough Branch Clinic, Broughton Road	15	Mon. and Thurs. afternoons	
Manor Branch Clinic, Prince Edward County School	30	Mon., Tues., Wed. and Thurs. afternoons	
Pitsmoor Branch Clinic, Ellesmere Road County School	20	Mon., Tues. and Thurs. afternoons	
Shiregreen Branch Clinic, Shiregreen County School	16	Mon. and Wed. afternoons	
Southey Green Branch Clinic, Southey Green County School	5	Thurs. afternoons	
Wisewood Branch Clinic, Wisewood County School	7	Wed. and Fri. afternoons	
Woodhouse Branch Clinic, Chapel Street	6	Wed. and Fri. afternoons	
Wybourn Branch Clinic, Wybourn County School	5	Mon. and Thurs. mornings	

Clinic	No. of Schools	Times of Attendance	Work undertaken
DENTAL CLINICS: Central Clinic, 7, Leopold Street	... 188	Varies	Routine and casual dental treatment, special dental cases, dental radiography and M. & C. W. dental treatment.
Heeley Branch Clinic, Lowfield County School	... ... ... ... 33	,,	Routine and casual dental treatment, and M. & C. W. dental treatment
Rowlinson Branch Clinic, Rowlinson Technical School	... ... 10	,,	

ATTENDANCES AT CLINICS

	Attercliffe	Pitsmoor	Hillsboro'	Heeley	Central (E)	Central (F)	Greenhill	Handsworth	Woodhouse	Shiregreen	Southey Green	Wise-wood	Wybourn	Special Depts.	Total	
Inspection and Minor Ailments Clinics—																
Cases ...	2,004	1,557	553	1,115	1,213	1,020	578	696	1,019	862	1,437	908	333	1,067	14,495	
Attendances ...	3,585	2,529	861	2,043	1,227	1,368	1,150	1,284	1,781	1,346	1,427	1,208	592	2,669	—	23,204
Dressings by School Nursing Sisters—																
Eye cases ...	...	236	226	78	86	69	18	83	28	272	131	140	161	70	195	5,039
Ear cases ...	...	940	812	416	262	185	264	245	71	488	346	704	216	123	777	2,357
Minor ...	...	3,895	2,487	913	1,816	1,061	593	1,219	370	2,480	1,571	5,428	1,799	660	5,688	43,133
Treatment Clinics—																
Ophthalmic ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,955
Orthoptic ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,772
Aural ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	577
Orthopaedic ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	257
Rheumatism & Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	64
Chiropody	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,808
Dental (Central and Branch)	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16,177
Diphtheria Immunisation	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9,937
Child Guidance Centres ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5,316
Speech Therapy Clinics ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,077
TOTALS ...	8,656	6,054	2,268	4,207	3,910	2,025	2,831	603	5,021	3,394	7,699	3,384	1,445	9,329	61,696	122,522

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS

Age	1920			1938			1945			1963			1945			1963			1964		
	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
5	40.5	42.44	42.93	43.9	43.3	2,941	5	40.75	42.13	42.64	42.89	42.85	2,859								
6	42.75	44.76	44.77	45.59	45.74	3,040	6	42.45	44.24	44.63	45.29	45.34	2,903								
7	44.4	47.09	46.98	47.55	48.1	2,932	7	44.05	46.77	46.59	47.57	47.64	2,729								
8	46.9	49.21	49.84	49.63	50.23	2,874	8	46.9	48.86	48.85	49.88	49.88	2,616								
9	48.45	50.47	50.38	51.62	52.3	2,626	9	47.95	50.39	51.22	51.9	51.97	2,565								
10	49.8	52.28	54.31	53.29	54.29	2,754	10	50.25	52.13	54.38	54.12	54.21	2,622								
11	53.55	53.98	54.91	55.71	56.16	2,481	11	51.1	55.28	55.62	56.33	56.46	2,342								
12	54.05	56.42	56.44	57.54	58.3	1,859	12	54.5	57.52	57.96	58.68	58.74	1,812								
13	55.7	57.91	59.1	59.35	60.65	1,872	13	56.05	58.9	60.02	60.73	60.8	1,944								
14	56.45	59.8	60.38	62.06	63.4	1,905	14	57.	60.75	60.9	61.95	62.06	1,938								
15	—	—	—	64.39	65.44	995	15	—	—	—	62.94	62.82	1,024								
16	—	—	—	66.6	67.71	325	16	—	—	—	63.31	63.54	245								

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

Age	BOYS					GIRLS					Number Examined 1964
	1920		1938		1945	1920		1938		1945	
	Pounds										
5	38.6	41.49	41.58	43.55	43.67	2,941	5	38.9	39.93	40.18	42.39
6	42.2	45.72	44.95	48.67	48.61	3,040	6	40.45	43.87	43.71	47.45
7	45.1	51.1	49.77	54.24	54.6	2,932	7	42.1	49.21	47.62	52.69
8	50.15	56.17	57.12	60.18	60.39	2,874	8	49.05	54.17	54.41	59.41
9	52.25	60.	61.73	66.99	66.72	2,626	9	52.2	58.	59.12	66.45
10	57.7	64.29	74.52	73.93	74.04	2,754	10	53.4	63.8	67.61	74.43
11	68.2	70.86	73.49	81.12	81.31	2,481	11	61.75	75.44	77.48	83.15
12	70.4	80.14	79.35	89.56	90.79	1,859	12	71.05	83.47	85.85	94.05
13	73.75	85.61	90.07	100.32	100.37	1,872	13	77.35	89.66	96.04	104.93
14	79.55	94.14	95.16	113.08	113.11	1,905	14	78.95	100.5	99.65	114.15
15	—	—	—	—	125.61	124.46	15	—	—	—	118.55
16	—	—	—	—	138.97	137.68	325	16	—	—	124.12

HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

Age	BOYS						GIRLS						
	All Schools			Good District Schools			Medium District Schools			Poor District Schools			
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	
5	2,941	43.3	882	43.74	1,507	43.19	552	42.88	5	2,859	42.85	773	43.4
6	3,040	45.74	971	46.06	1,626	45.67	443	45.28	6	2,903	45.34	906	45.73
7	2,932	48.1	993	48.61	1,524	47.91	415	47.56	7	2,729	47.64	793	48.1
8	2,874	50.23	927	50.71	1,476	50.09	471	49.71	8	2,616	49.88	812	50.42
9	2,626	52.3	858	52.62	1,398	52.15	370	52.13	9	2,565	51.97	796	52.42
10	2,754	54.29	896	54.7	1,411	54.19	447	53.81	10	2,622	54.21	768	54.67
11	2,481	56.16	723	56.57	1,348	56.13	410	55.53	11	2,342	56.46	714	57.11
12	1,859	58.3	549	58.65	1,053	58.21	257	57.94	12	1,812	58.74	526	59.42
13	1,872	60.65	532	61.04	1,072	60.57	268	60.19	13	1,944	60.8	559	61.14
14	1,905	63.4	530	63.73	1,120	63.44	255	62.54	14	1,938	62.06	624	62.52
15	995	65.44	396	65.81	495	65.24	104	64.99	15	1,024	62.82	399	63.21
16	325	67.71	185	67.97	121	67.38	19	67.27	16	245	63.54	170	63.6

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

Age	BOYS						GIRLS					
	All Schools			Medium District Schools			All Schools			Good District Schools		
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds
5	2,941	43.67	882	44.53	1,507	43.42	552	42.98	5	2,859	42.37	773
6	3,040	48.61	971	49.09	1,626	48.44	443	48.16	6	2,903	47.62	906
7	2,932	54.6	993	55.67	1,524	54.1	415	53.85	7	2,729	53.28	793
8	2,874	60.39	927	61.78	1,476	59.95	471	59.01	8	2,616	59.42	812
9	2,626	66.72	858	67.75	1,398	66.34	370	65.75	9	2,565	66.4	796
10	2,754	74.04	896	75.54	1,411	73.77	447	71.87	10	2,622	75.04	768
11	2,481	81.31	723	82.7	1,348	81.19	410	79.28	11	2,342	83.7	714
12	1,859	90.79	549	92.06	1,053	90.58	257	88.94	12	1,812	94.11	526
13	1,872	100.37	532	102.4	1,072	99.94	268	98.17	13	1,944	105.66	559
14	1,905	113.11	530	115.56	1,120	112.85	255	109.18	14	1,938	114.47	624
15	995	124.46	396	126.48	495	122.73	104	124.98	15	1,024	119.58	399
16	325	137.68	185	139.95	121	134.86	19	133.47	16	245	125.84	170

MEDICAL INSPECTION AND TREATMENT RETURNS
YEAR ENDED 31ST DECEMBER, 1964

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1965—69,912

PART I.
MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND
SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected (2)	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)	
		Satisfactory	Unsatisfactory	For defective vision (excluding squint) (4)	For any other condition recorded at Part II (6)
		Number (3)	Number (5)		Total individual pupils (7)
1960 and later	...	547	547	—	41
1959	...	3,136	3,135	1	367
1958	...	2,677	2,675	2	58
1950	...	2,078	2,076	2	87
1949 and earlier	...	4,813	4,812	1	318
TOTAL	...	13,251	13,245*	6†	514
					1,493
					1,771

*Total Satisfactory—99.95%

†Total Unsatisfactory—05%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	22,098
Number of Re-inspections	...	...	...	...	...	...	14,405
				TOTAL	...	...	36,503

TABLE C—INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	136,376
(ii) Total number of individual pupils found to be infested	...	...	...	...	...	2,246
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	3,389
(iv) Total number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	—

SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested?	Yes.
(b) If so, how soon after entry is this done?	Within first year of entry.
2. If the vision of entrants is not tested, at what age is the first vision test carried out?	—
3. How frequently is vision testing repeated throughout a child's school life?	Every other year.
4. (a) Is colour vision testing undertaken?	Yes.
(b) If so, at what age?	11 years.
(c) Are both boys and girls tested?	Yes.
5. By whom is vision and colour testing carried out?	School nursing sisters; doubtful cases referred to school medical officers.
6. (a) Is audiometric testing of entrants carried out?	Yes.
(b) If so, how soon after entry is this done?	At 6 years of age.
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	—
8. By whom is audiometric testing carried out?	School nursing sisters.

PART II.

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect or Disease	PERIODIC INSPECTIONS						SPECIAL INSPEC- TIONS	
	Entrants		Leavers		Total		Requiring Treatment	Requiring Observation
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
Skin	102	78	185	77	287	155	3,438	22
Eyes—(a) Vision	109	622	405	369	514	991	793	443
(b) Squint	72	85	17	25	89	110	44	11
(c) Other	23	37	14	13	37	50	591	12
Ears—(a) Hearing	111	164	57	25	168	189	526	122
(b) Otitis Media	18	96	23	17	41	113	173	17
(c) Other	144	92	145	8	289	100	803	24
Nose and Throat	160	798	45	51	205	849	1,196	104
Speech	30	267	1	17	31	284	149	56
Lymphatic Glands	14	203	2	12	16	215	12	21
Heart	13	105	9	46	22	151	23	22
Lungs	21	186	17	32	38	218	86	54
Developmental—								
(a) Hernia	16	3	3	4	19	41	4	3
(b) Other	10	148	37	46	47	194	46	39
Orthopædic—								
(a) Posture	4	27	4	13	8	40	6	3
(b) Feet	35	90	31	42	66	132	13	12
(c) Other	31	110	31	30	62	140	508	19
Nervous System—								
(a) Epilepsy	3	31	5	14	8	45	28	16
(b) Other	1	1	—	5	1	6	43	9
Psychological—								
(a) Development	6	27	2	12	8	39	50	26
(b) Stability	13	309	4	45	17	354	77	78
Abdomen	2	4	2	4	4	8	120	3
Other	9	57	21	30	30	87	3,975	143

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

						Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint						575
Errors of refraction (including squint)	... ... ... ... ...					2,699
TOTAL	... ... ... ... ...					3,274
Number of pupils for whom spectacles were prescribed	... ... ... ... ...					2,247

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

						Number of cases known to have been dealt with
Received operative treatment:—						
(a) for diseases of the ear	... ... ... ... ...					38
(b) for adenoids and chronic tonsillitis	... ... ... ... ...					1,526
(c) for other nose and throat conditions	... ... ... ... ...					16
Received other forms of treatment	... ... ... ... ...					2,269
TOTAL	... ... ... ... ...					3,849

Total number of pupils in schools who are known to have been provided with hearing aids:—

(a) in 1964	...	...	...	...	...	...	16
(b) in previous years	...	...	...	...	...	...	230

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS

						Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	... ... ... ... ...					732
(b) Pupils treated at school for postural defects	... ... ... ... ...					1
TOTAL	... ... ... ... ...					825

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

						Number of cases known to have been treated
Ringworm—(a) Scalp	... ... ... ... ...					—
(b) Body	... ... ... ... ...					1
Scabies	... ... ... ... ...					34
Impetigo	... ... ... ... ...					25
Other Skin Diseases	... ... ... ... ...					3,322
TOTAL	... ... ... ... ...					3,382

TABLE E--CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child
Guidance Clinics 1,158

TABLE F—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists 334

TABLE G—OTHER TREATMENT GIVEN

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(A) *Dental and Orthodontic Work:*

(1)	Number of pupils inspected by the Authority's Dental Officers:—	...	...	...	...	...	...	10,175
(a)	At Periodic Inspections ...	...	...	...	...	...	...	3,425
(b)	As Specials ...	...	...	...	...	...	...	—

TOTAL (1) 13,600

(2)	Number found to require treatment	...	...	...	...	...	...	10,489
(3)	Number offered treatment ...	...	...	...	...	...	...	8,482
(4)	Number actually treated ...	...	...	...	...	...	...	5,095

(B) *Dental Work (other than Orthodontics):*

(1)	Number of attendances made by pupils for treatment, excluding those recorded at heading (C) (1) below	16,177
-----	---	-----	-----	-----	-----	-----	-----	--------

(2)	Half-days devoted to:—	...	...	...	...	...	...	91
	Periodic (School) Inspections ...	...	...	...	...	...	...	2,210
	Treatment ...	...	...	...	...	...	...	—

TOTAL (2) 2,301

(3)	Fillings:—	...	...	...	...	...	...	8,666
	Permanent teeth ...	...	...	...	...	...	...	713
	Temporary teeth ...	...	...	...	...	...	...	—

TOTAL (3) 9,379

(4)	Number of teeth filled:—	...	...	...	...	...	...	7,080
	Permanent teeth ...	...	...	...	...	...	...	713
	Temporary teeth ...	...	...	...	...	...	...	—

TOTAL (4) 7,793

(5)	Extractions:—	...	...	...	...	...	...	1,894
	Permanent teeth ...	...	...	...	...	...	...	4,755
	Temporary teeth ...	...	...	...	...	...	...	—

TOTAL (5) 6,649

(6)	(i) Administration of general anaesthetics for extraction	...	...	...	...	...	...	2,617
	(ii) Number of half days devoted to the administration of general anaesthetics by:—	...	...	...	...	...	...	—
	(a) Dentists ...	...	...	...	...	...	...	19
	(b) Medical Practitioners ...	...	...	...	...	...	...	134

TOTAL (6) (ii) 153

(7)	Number of pupils supplied with artificial teeth	62
-----	---	-----	-----	-----	-----	-----	-----	----

(8)	Other operations:—	...	...	...	...	...	...	18
	Crowns ...	...	...	...	...	...	...	5
	Inlays ...	...	...	...	...	...	...	—

TOTAL (8) 4,920

(C) *Orthodontics:*

(1)	Number of attendances made by pupils for treatment	...	...	...	...	...	...	469
(2)	Half-days devoted to treatment ...	...	...	...	...	...	...	36
(3)	Cases commenced during the year ...	...	...	...	...	...	...	35
(4)	Cases brought forward from previous year ...	...	...	...	...	...	...	16
(5)	Cases completed during the year ...	...	...	...	...	...	...	29
(6)	Cases discontinued during the year ...	...	...	...	...	...	...	6
(7)	Number of pupils treated by means of appliances	...	...	...	...	...	...	48
(8)	Number of removable appliances fitted ...	...	...	...	...	...	...	61
(9)	Number of fixed appliances fitted ...	...	...	...	...	...	...	4
(10)	Cases referred to and treated by hospital orthodontists	...	...	...	...	...	...	—

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES, YEAR 1964.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
During the calendar year 1964 :— Number of handicapped pupils who were :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(1) Blind (2) Partially sighted											
A. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes (other than Hospital Special Schools) ..	1	—	2	3	19	49	21	55	—	1	151
B. (i) Number of these newly placed (ii) Placed during the year but assessed prior to 1-1-64 ..	1	—	1	3	16	46	19	45	—	—	131
	—	1	—	—	3	11	2	19	—	—	36
On 21st January, 1965 :— Number of handicapped pupils who were :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(1) Blind (2) Partially Sighted											
C. Requiring places in Special Schools	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(i) Total :— (a) Day (b) Boarding	—	—	—	—	—	—	—	—	—	—	6
Number of pupils included in these totals :—	2	—	—	—	—	—	—	—	—	—	4
(ii) Who had not reached the age of 5 and were awaiting :— (a) Day places (b) Boarding places	—	—	—	—	—	—	—	—	—	—	—
(iii) Who had reached the age of 5 but whose parents had not consented to their admission to a Special School and awaiting :— (a) Day places (b) Boarding places	—	2	—	—	—	—	—	—	—	—	3
(iv) Who had been awaiting admission for more than one year ...	—	—	—	—	—	—	—	—	—	—	3

G. During the calendar year ended 31st December, 1964 :—

- (i) Number of children subject of new decisions recorded under Section 57(4) of the Education Act, 1944
 - (ii) Number of reviews carried out under Section 57(A) of the Education Act, 1944 .. .
 - (iii) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944 .. .

COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1964

SECTION	Gross Expenditure	Income	Net Expenditure	Cost in terms of a Penny Rate	
				Gross Expenditure	Net Expenditure
	£	£	£	d.	d.
Medical Inspection and Treatment ...	144,036	3,559	140,477	1·75	1·71
Special Schools ...	425,491	131,448	294,043	5·17	3·57
Totals ...	569,527	135,007	434,520	6·92	5·28

CITY OF SHEFFIELD, GENERAL INFORMATION

Population (as estimated mid-1964)	...	...	...	...	...	490,930
Area ...	...	...	...	...	...	39,598 acres
Density of population ...	...	...	...	...	12·39	persons per acre
Rateable Value at 31st March, 1964	...	...	...	...	...	£20,246,342
Rate levied for Education, year ended 31st March, 1964	...	...	...	...	...	107·75d.
Penny Rate Product, year ended 31st March, 1964	...	...	...	...	...	£82,311
Primary and Secondary Schools (including Nursery Schools)—						
Number of schools ...	...	...	...	...	...	216
Number on rolls ...	...	...	...	...	...	68,518
Special Schools—						
Number of schools ...	...	...	...	...	...	16
Number on rolls ...	...	...	...	...	...	1,394

